

# EXHIBIT 7

Michael Robertson  
6/20/2019

1

UNITED STATES DISTRICT COURT  
STATE OF MINNESOTA

-----  
Case No. 18-cv-2301 (JRT/KMM)

David W. Lynas, as Trustee for the  
next-of-kin of James C. Lynas,

Plaintiff,

vs.

Linda S. Stang, et al.,

Defendants.  
-----

VIDEO DEPOSITION TRANSCRIPT OF  
MICHAEL T. ROBERTSON, PsyD, LP

June 20, 2019  
11:00 a.m.

at the

Sherburne County Jail  
13880 Business Center Drive Northwest  
Elk River, MN 55330

Court Reporter: Janet D. Winberg, RPR

Videographer: Envision Video

Michael Robertson  
6/20/2019

<p style="text-align: right;">2</p> <p>1 APPEARANCES:</p> <p>2 On Behalf of Plaintiff David W. Lynas:</p> <p>3 Robert Bennett, Attorney at Law</p> <p>4 Gaskins, Bennett &amp; Birrell, L.L.P.</p> <p>5 333 South Seventh Street</p> <p>6 Suite 3000</p> <p>7 Minneapolis, MN 55402</p> <p>8 rbennett@gaskinsbennett.com</p> <p>9</p> <p>10 On Behalf of the Sherburne County Defendants:</p> <p>11 Jason M. Hiveley, Attorney at Law</p> <p>12 Iverson Reuvers Condon</p> <p>13 9321 Ensign Avenue South</p> <p>14 Bloomington, MN 55438</p> <p>15 jasonh@irc-law.com</p> <p>16</p> <p>17 On Behalf of the MEnD Defendants:</p> <p>18 Carolin J. Nearing, Attorney at Law</p> <p>19 Larson King, LLP</p> <p>20 30 East Seventh Street</p> <p>21 Suite 2800</p> <p>22 St. Paul, MN 55101</p> <p>23 cnearing@larsonking.com</p> <p>24</p> <p>25 NOTE: Original transcript will be delivered to the noticing party, Gaskins, Bennett &amp; Birrell, L.L.P.</p> <p>NOTE: Exhibits referenced, not marked.</p>	<p style="text-align: right;">4</p> <p>1 EXAMINATION</p> <p>2 BY MR. BENNETT:</p> <p>3 Q. Dr. Robertson, did you have any discussions with</p> <p>4 anyone regarding James Lynas, before he</p> <p>5 committed suicide at the Sherburne County Jail?</p> <p>6 <b>A. I don't recall having one specifically. And</b></p> <p>7 <b>oftentimes, I think we'll review patients</b></p> <p>8 <b>without a name, so...</b></p> <p>9 Q. Well, do -- do you remember talking to anyone</p> <p>10 about patient number -- what is it -- 12010?</p> <p>11 <b>A. And not with a number, either; but with data and</b></p> <p>12 <b>history, typically it would be a consult.</b></p> <p>13 Q. I mean, that was the number you referred to him</p> <p>14 on -- in your email in Exhibit 13.</p> <p>15 I'm showing you Exhibit 13, and I direct</p> <p>16 your attention to a December 10, 2018 email, so</p> <p>17 about -- about 13 months after Mr. Lynas</p> <p>18 committed the act that eventuated into his</p> <p>19 suicide at the Sherburne County Jail; is that</p> <p>20 correct?</p> <p>21 <b>A. Wait. I'm sorry, I was reading. I wasn't</b></p> <p>22 <b>really paying --</b></p> <p>23 Q. Okay.</p> <p>24 <b>A. -- attention.</b></p> <p>25 Q. Well, you -- you wrote that in -- you wrote that</p>
<p style="text-align: right;">3</p> <p>1 PROCEEDINGS</p> <p>2</p> <p>3 VIDEOGRAPHER: This is the video</p> <p>4 deposition of Dr. Michael Robertson.</p> <p>5 Today's date is June 20, 2019. The time is</p> <p>6 approximately 11:00 a.m.</p> <p>7 Would each attorney please state their name</p> <p>8 for the record.</p> <p>9 MR. BENNETT: Robert Bennett, appearing</p> <p>10 on behalf of the Plaintiff.</p> <p>11 MS. NEARING: Carrie Nearing, appearing</p> <p>12 on behalf of the MEnD Defendants.</p> <p>13 MR. HIVELEY: Jason Hiveley, for the</p> <p>14 Sherburne County Defendants.</p> <p>15 VIDEOGRAPHER: Thank you.</p> <p>16 Would the court reporter please administer</p> <p>17 the oath.</p> <p>18 * * *</p> <p>19 (Witness sworn.)</p> <p>20 MICHAEL T. ROBERTSON, PsyD, LP,</p> <p>21 called as a witness, being first duly sworn,</p> <p>22 was examined and testified as follows:</p> <p>23 * * *</p> <p>24</p> <p>25</p>	<p style="text-align: right;">5</p> <p>1 in -- in -- on December 10 -- it was</p> <p>2 December 10, 2018; right?</p> <p>3 <b>A. Correct.</b></p> <p>4 Q. At 4:57 p.m.?</p> <p>5 <b>A. Correct.</b></p> <p>6 Q. Are you aware that Mr. Lynas committed suicide</p> <p>7 more than a year earlier?</p> <p>8 <b>A. Yes, I wouldn't have known his name, or the case</b></p> <p>9 <b>in particular didn't -- it wasn't one that</b></p> <p>10 <b>registered for me at that time.</b></p> <p>11 Q. Well, it registered -- um, read your --</p> <p>12 <b>A. In regards to who that was in particular, or --</b></p> <p>13 <b>I would have had to look those pieces up.</b></p> <p>14 Q. Did you?</p> <p>15 <b>A. I think I did.</b></p> <p>16 Q. And you looked -- you say, "Regarding dates of</p> <p>17 11/5/17"; right? That's the beginning text of</p> <p>18 your email?</p> <p>19 <b>A. (Nodding head.)</b></p> <p>20 Q. And as to patient 12010?</p> <p>21 <b>A. Yes.</b></p> <p>22 Q. Can you read the next sentence in parens?</p> <p>23 <b>A. (As read), "It was not a case I was ever</b></p> <p>24 <b>involved in, but relayed that the patient was</b></p> <p>25 <b>placed on a Mental Health Watch-15 due to high</b></p>

Michael Robertson

6/20/2019

<p style="text-align: right;">6</p> <p>1 <b>BDI and risk factors" dash "when nursing met</b>  2 <b>with him about this and consulted with medical</b>  3 <b>provider."</b>  4 Q. And who was the medical provider?  5 <b>A. At the time, I'm not certain. Um, it might have</b>  6 <b>just listed "and consulted with medical</b>  7 <b>provider" in the note.</b>  8 Q. And "medical provider" was not you?  9 <b>A. No.</b>  10 Q. It was someone with -- within the medical field  11 as opposed to the psychological --  12 <b>A. Right. Typically --</b>  13 Q. Can we do --  14 <b>A. Yeah.</b>  15 Q. -- do this? We need to speak one at time.  16 It just --  17 <b>A. Sorry.</b>  18 Q. -- works better for the court reporter, and  19 actually works better for the video --  20 <b>A. I --</b>  21 Q. -- too.  22 <b>A. -- didn't know you weren't done, sorry.</b>  23 Q. So the medical provider is someone with a  24 medical degree of some type; correct?  25 <b>A. Correct.</b></p>	<p style="text-align: right;">8</p> <p>1 unquote, used because it is confusing for cases  2 which are not suicidal." In parenthesis, I  3 wrote, "actually, we previously had this  4 discussion," unparenthesis, "and we were  5 informed to call the watch as 'mental health  6 watches.'" <b>"</b>  7 Q. Can you stop there for a second? And I'll go  8 on, but what did you mean by, "for cases which  9 are not suicidal"? Is that in which an actual  10 suicide has occurred, or suicide attempt has  11 occurred?  12 <b>A. Um, you know, I don't know if that's -- there's</b>  13 <b>so many groups of behavior that are</b>  14 <b>self-injurious without being suicidal, or people</b>  15 <b>having ideation without suicidal or significant</b>  16 <b>suicidal things, so it was more about trying to</b>  17 <b>clarify -- it's hard to -- I don't want to</b>  18 <b>define that -- I think the issue it becomes</b>  19 <b>related to not confusing people. There are many</b>  20 <b>individuals there with psychotic symptoms, with</b>  21 <b>other symptoms that aren't suicidal, that need</b>  22 <b>to be on watches.</b>  23 Q. So a Mental Health Watch-15, is that -- MHW-15  24 that you refer to the paragraph above, was the  25 highest mental -- the highest mental health</p>
<p style="text-align: right;">7</p> <p>1 Q. And you were not the medical provider at the  2 Sherburne County Jail?  3 <b>A. Correct.</b>  4 Q. You were -- what was your title at the --  5 <b>A. Mental Health Professional.</b>  6 Q. Okay. All right. And Mental Health Watch-15,  7 you go on to explain what that means at the  8 Sherburne County Jail at that time; is that  9 correct?  10 <b>A. Yes.</b>  11 Q. Do you remember having the discussion with Brian  12 Frank, and why he wanted this information?  13 <b>A. Um, it wasn't -- it wasn't clear precisely what</b>  14 <b>he was looking for, but since there was an</b>  15 <b>inquiry about a case that seemed that there were</b>  16 <b>legal issues around, I just forwarded that to</b>  17 <b>administration.</b>  18 Q. And the next paragraph, can you read that into  19 the record, please.  20 <b>A. Sure. (As read), "Brian wanted clarification</b>  21 <b>about the difference between a 'mental health</b>  22 <b>watch' and 'suicide watch,' and I described it's</b>  23 <b>been my understanding that since before I</b>  24 <b>arrived here, the jail administration was not --</b>  25 <b>has not wanted the term, quote, 'suicide watch,'</b></p>	<p style="text-align: right;">9</p> <p>1 observation status that was used without using  2 full suicide precautions?  3 <b>A. I don't understand your question, or how to</b>  4 <b>break it apart.</b>  5 Q. Well, what was -- what was beyond -- you  6 understand that the rules require well-being  7 checks at 30 minutes regularly for everybody --  8 <b>A. Correct.</b>  9 Q. -- correct? And when you elevate the check --  10 the checks by -- you essentially doubled them;  11 right?  12 <b>A. Sure.</b>  13 Q. What status is -- at -- at -- at Sherburne  14 County --  15 <b>A. So --</b>  16 Q. -- when you were there?  17 <b>A. So --</b>  18 Q. What status is above that, other than suicide  19 precautions -- suicide precautions?  20 <b>A. Well, 15-minute mental health watch checks, and</b>  21 <b>then the -- in addition, you had -- those other</b>  22 <b>precautions can be added.</b>  23 Q. Okay. But the mental health watch is to alert  24 corrections facility -- corrections people that  25 this person has mental health risks associated</p>

3 (Pages 6 to 9)

Michael Robertson

6/20/2019

<p style="text-align: right;">10</p> <p>1 with his being there?</p> <p>2 <b>A. Yes. That's what it's intended for.</b></p> <p>3 Q. And the decision not to use suicide watch, when</p> <p>4 it might ordinarily be used, was Sherburne</p> <p>5 County's?</p> <p>6 MS. NEARING: Objection. Foundation.</p> <p>7 BY MR. BENNETT:</p> <p>8 Q. Go ahead.</p> <p>9 <b>A. Oh. That was my understanding.</b></p> <p>10 Q. And that's what you put in plain English, in</p> <p>11 this email; correct?</p> <p>12 <b>A. Yes.</b></p> <p>13 Q. And --</p> <p>14 <b>A. And I think --</b></p> <p>15 Q. Go ahead, finish your answer.</p> <p>16 <b>A. I think part of those discussions that were had</b></p> <p>17 <b>prior to this email, included the benefit of</b></p> <p>18 <b>having it identified as "suicide watch" versus</b></p> <p>19 <b>the general term, and I think that those -- all</b></p> <p>20 <b>those things were talked about.</b></p> <p>21 Q. Well, "Mental Health Watch-15" is not a general</p> <p>22 term, is it?</p> <p>23 <b>A. Ah, no.</b></p> <p>24 Q. It's a specific term?</p> <p>25 <b>A. Sure.</b></p>	<p style="text-align: right;">12</p> <p>1 continuum of where the person is heading is</p> <p>2 always that case, but -- where it was on a</p> <p>3 continuum to a suicidal status, but certainly</p> <p>4 that's one of the avenues that can happen.</p> <p>5 MR. BENNETT: Okay.</p> <p>6 BY MR. BENNETT:</p> <p>7 Q. And then read the next sentence, the next -- the</p> <p>8 next paragraph, starting with, "We briefly."</p> <p>9 <b>A. (As read), "We briefly discussed that many of</b></p> <p>10 <b>the mental health watches we place inmates on</b></p> <p>11 <b>are proactive and not after or subsequent to a</b></p> <p>12 <b>suicide gesture or suicide statement. And many</b></p> <p>13 <b>of the mental health watches we start are</b></p> <p>14 <b>related to poorly regulated coping and</b></p> <p>15 <b>vulnerability to act out, or to be taken care</b></p> <p>16 <b>of. This info seemed to suffice, but I thought</b></p> <p>17 <b>I would relay the information that the call --</b></p> <p>18 <b>[and] the call, as I suspect both questions are</b></p> <p>19 <b>related to legal issues." That's a poor</b></p> <p>20 <b>sentence.</b></p> <p>21 Q. And what does the "PS" say?</p> <p>22 <b>A. (As read), "PS. I viewed this as simply</b></p> <p>23 <b>confirming fact data about known information and</b></p> <p>24 <b>dates, which would have been shared in the</b></p> <p>25 <b>placing him on mental health watch. Nothing new</b></p>
<p style="text-align: right;">11</p> <p>1 Q. With specific requirements?</p> <p>2 <b>A. Yes.</b></p> <p>3 Q. And it's added watches, to ensure the person's</p> <p>4 physical and mental well-being?</p> <p>5 <b>A. But it's more general than suicide.</b></p> <p>6 Q. Correct. And if I understood what you were</p> <p>7 saying, you know, a person might have suicide</p> <p>8 ideations, but he didn't do anything actually</p> <p>9 suicidal. He might say he had a plan, and</p> <p>10 didn't do anything to effectuate the plan. He</p> <p>11 might do something, you know, be self-injury,</p> <p>12 like a head banger, and you wouldn't put him on</p> <p>13 suicide watch because that would be confusing.</p> <p>14 Is that what that means?</p> <p>15 <b>A. We would term it, "no health watch." We'd still</b></p> <p>16 <b>put them on the same standard follow-up, it</b></p> <p>17 <b>would just have a different term.</b></p> <p>18 Q. Okay. And it would be true, though, that a head</p> <p>19 banger, or someone with suicidal ideations, or</p> <p>20 someone who said he had a plan, would be on</p> <p>21 increasing levels of conduct towards a suicidal</p> <p>22 status?</p> <p>23 MS. NEARING: Objection. Foundation.</p> <p>24 And incomplete hypothetical.</p> <p>25 THE WITNESS: I don't know if the</p>	<p style="text-align: right;">13</p> <p>1 <b>or different was shared, but upon reflection, it</b></p> <p>2 <b>seems important to know.</b></p> <p>3 Q. Would you agree that opiate withdrawal symptoms</p> <p>4 are an obvious and serious medical need?</p> <p>5 <b>A. Yes.</b></p> <p>6 Q. Would you agree that severe depression generally</p> <p>7 constitutes a serious medical need?</p> <p>8 <b>A. If it's -- yes, severe depression.</b></p> <p>9 Q. Okay. Now, you're aware -- were you aware that</p> <p>10 James Lynas' Beck Depression Inventory score</p> <p>11 was 43?</p> <p>12 <b>A. Upon review of it, yes, and probably at the</b></p> <p>13 <b>time.</b></p> <p>14 Q. Let me ask you, Doctor. In -- you've done a lot</p> <p>15 of correctional work --</p> <p>16 <b>A. Yes.</b></p> <p>17 Q. -- right? In your correctional work, how many</p> <p>18 individuals do you recall having a -- a BDI</p> <p>19 score of 43 or higher?</p> <p>20 <b>A. Many. Um, and I -- I don't know how to throw a</b></p> <p>21 <b>number on that, but...</b></p> <p>22 Q. How many at the Sherburne County Jail?</p> <p>23 <b>A. Um, many. Many would reach that high.</b></p> <p>24 Q. Do you -- do you believe that that is --</p> <p>25 <b>A. I'm sure it's over a hundred. Over, you know, I</b></p>

4 (Pages 10 to 13)

Michael Robertson

6/20/2019

<p style="text-align: right;">14</p> <p>1       <b>don't know how many, though.</b></p> <p>2       Q. Do you believe that that view is consistent with</p> <p>3       the statistics reported for Beck Depression</p> <p>4       Inventory scores in correctional facilities?</p> <p>5       <b>A. I don't know -- I don't understand the question.</b></p> <p>6       Q. Do you -- do you believe that -- that what your</p> <p>7       opinion -- or what you recall, or say you</p> <p>8       recall, is -- about Beck Inventory scores, is --</p> <p>9       is a -- is substantiated in the literature?</p> <p>10      <b>A. I think all those tools need to be applied to a</b></p> <p>11      <b>certain -- certain circumstance that they're</b></p> <p>12      <b>being used at the time with the individual. Um,</b></p> <p>13      <b>and so the information that it gives you is a</b></p> <p>14      <b>tool that provides some -- some information.</b></p> <p>15      <b>There's a lot of face validity to it, so that...</b></p> <p>16      Q. Well, the Beck Depression Inventory has been</p> <p>17      used since about the mid-'90s -- '96; correct?</p> <p>18      <b>A. I suspect you're correct.</b></p> <p>19      Q. And the psychometric testing is rated for both</p> <p>20      sensitivity and specificity; correct?</p> <p>21      <b>A. At times, yes.</b></p> <p>22      Q. And the Beck Depression Inventory II has -- has</p> <p>23      a high sensitivity and specificity rating; is</p> <p>24      that true?</p> <p>25      <b>A. In the general population, yes. Yes.</b></p>	<p style="text-align: right;">16</p> <p>1       <b>A. Um, my understanding, what I reviewed was with</b></p> <p>2       <b>staff at that time, who had done a consult, and</b></p> <p>3       <b>possibly with me.</b></p> <p>4       Q. And you don't specifically recall that, though,</p> <p>5       do you?</p> <p>6       <b>A. No.</b></p> <p>7       Q. So you don't know if it was with you?</p> <p>8       <b>A. I presume it was with me, because I was working</b></p> <p>9       <b>that day --</b></p> <p>10      Q. And what day was that?</p> <p>11      <b>A. -- to my understanding.</b></p> <p>12      Q. The 5th of November?</p> <p>13      <b>A. Um --</b></p> <p>14      Q. Is it referred to in that --</p> <p>15      <b>A. Yeah, I presume that I was working that day.</b></p> <p>16      <b>And I don't even know what day of the week it</b></p> <p>17      <b>is. During that time period, I know I was</b></p> <p>18      <b>working --</b></p> <p>19      Q. Let's look at Exhibit 14. I think we're done</p> <p>20      with 13.</p> <p>21      <b>A. Okay.</b></p> <p>22      Q. Take a minute to review that, and let me know</p> <p>23      when you're ready to be asked questions about</p> <p>24      it.</p> <p>25      <b>A. (Reviewing exhibit.) Oh. Was there more</b></p>
<p style="text-align: right;">15</p> <p>1       Q. Well --</p> <p>2       <b>A. And probably in many populations, yes.</b></p> <p>3       Q. Okay. And it's one that's actually</p> <p>4       cross-cultural? I mean, they use the Beck</p> <p>5       Depression Inventory test in Korea and China,</p> <p>6       for example; are you aware of that?</p> <p>7       <b>A. No, but I wouldn't doubt that.</b></p> <p>8       Q. Are you aware that the literature suggests, that</p> <p>9       in Korea and China it's just as sensitive and</p> <p>10      specific as in the United States?</p> <p>11      <b>A. No.</b></p> <p>12      Q. How do you typically -- what is your typical</p> <p>13      practice in charting? If you get a document</p> <p>14      that is for an individual detainee or inmate,</p> <p>15      how will we know when you reviewed it?</p> <p>16      <b>A. Typically, a handwritten note and a computer</b></p> <p>17      <b>note would be my...</b></p> <p>18      Q. And the computer would say that, "This was noted</p> <p>19      or reviewed on such and such a date"?</p> <p>20      <b>A. Typically, yes.</b></p> <p>21      Q. Okay. Did -- have you looked to see if you</p> <p>22      noted when you reviewed anything with regard to</p> <p>23      James Lynas, Patient 12010?</p> <p>24      <b>A. No, unless it was at this date of this email.</b></p> <p>25      Q. Okay.</p>	<p style="text-align: right;">17</p> <p>1       <b>attached to this?</b></p> <p>2       Q. Not as far as we can tell.</p> <p>3       <b>A. Okay. It looks like there's a staple, and it</b></p> <p>4       <b>says, "See eMDs note attached."</b></p> <p>5       Q. Well, this is the document in the form in which</p> <p>6       we received it in discovery.</p> <p>7       MR. BENNETT: Do you know if there was</p> <p>8       other pages to this, Carrie?</p> <p>9       MS. NEARING: Everything that's</p> <p>10      contained in the medical record is what -- what</p> <p>11      exists. There's nothing supplemental to that.</p> <p>12      MR. BENNETT: There's an eMD record too,</p> <p>13      and I --</p> <p>14      MS. NEARING: Right. That's part of the</p> <p>15      record that was provided as well.</p> <p>16      MR. BENNETT: That --</p> <p>17      MS. NEARING: At the risk of testifying,</p> <p>18      but just to clarify -- I want to clarify.</p> <p>19      MR. BENNETT: Okay.</p> <p>20      MS. NEARING: I believe Ms. Pfeifer had</p> <p>21      testified that she gives this, along with the --</p> <p>22      and it's in her notes, actually. And we can go</p> <p>23      off the record, and I'll show you if you want.</p> <p>24      MR. BENNETT: Okay.</p> <p>25      MS. NEARING: Do you want to do that?</p>

5 (Pages 14 to 17)

Michael Robertson  
6/20/2019

<p style="text-align: right;">18</p> <p>1 MR. BENNETT: We can go off the record. 2 VIDEOGRAPHER: Off the video record at 3 11:20 a.m. 4 (Discussion held off the record.) 5 VIDEOGRAPHER: This is File 2. We're on 6 the record at 11:30 a.m. 7 BY MR. BENNETT: 8 Q. Showing you Exhibit 14 again, does your 9 handwriting appear there? 10 A. Yes. 11 Q. And can you read it for me, please. 12 A. (As read), "Scheduled with mental health 13 11/16/2017," and then I circled my initials. 14 Q. And there's nothing in that note, that lets us 15 know when you did that, is there? 16 A. When I scheduled it? 17 Q. Yeah. 18 A. Ah, nothing that would indicate that except for 19 routine of how it's done. 20 Q. Well -- 21 A. Right. 22 Q. -- it didn't -- it didn't -- you didn't -- 23 A. Correct. 24 Q. There's no -- 25 A. No.</p>	<p style="text-align: right;">20</p> <p>1 Anoka inmate. Today's visit is a chemical 2 withdrawal assessment. His primary language is 3 English. He's completely fluent in English. 4 "The patient returned BDI with a score of 43 5 and No. 9 scored as 1. 6 "Writer reviewed patient's health assessment 7 visit, previous suicide risk assessment, and 8 BDI, with FNP CW, who asked for writer to meet 9 with patient and get more information. 10 "The patient was seen in clinic." 11 Do you want me to go on? 12 Q. Yeah. 13 A. (As read), "Patient denies suicidal thoughts, 14 and when writer asked if he had the opportunity 15 available to kill himself, would he do it, the 16 patient responded -- stated no, 'I couldn't do 17 that to my daughter.' The patient denies 18 history of attempts or plans of suicide, but 19 reports in 2013, when he got his felony, he felt 20 like giving up, and he sold all his" -- excuse 21 me, "all his guns so he wouldn't shoot himself. 22 He reports he was having a rough time on the 23 outside. About 1.5 months ago stated getting 24 his life back together, but still continued to 25 use opiates. Reports now being in jail is the</p>
<p style="text-align: right;">19</p> <p>1 Q. There's no writing that says, "Reviewed November 2 5th"? 3 A. Correct. 4 Q. "November 6th"? 5 A. Correct. 6 Q. "Seventh"? 7 A. Correct. 8 Q. "Eighth"? "Ninth"? 9 A. Correct. Correct. 10 Q. Okay. And if you look at Exhibit 15, that's the 11 "Special Precautions/Management." Does your 12 handwriting appear on that? 13 A. No. 14 Q. Exhibit 16, that's the -- that also has a staple 15 mark and an actual staple, but that's the -- can 16 you read that? That is the note from Pfeifer; 17 correct? 18 A. I'm trying to find her name on there. Oh, yes. 19 Q. Is it hers? 20 A. Yes. 21 Q. And can you read that for -- for the record, 22 please. 23 A. Yeah, I'll skip to the "Chief Complaint" part. 24 Q. Yeah. 25 A. (As read), "James Lynas is a 31-year-old male</p>	<p style="text-align: right;">21</p> <p>1 first time in 1.5 years he's been sober, and is 2 having to deal with his mental health. When 3 asked how he's currently coping with it, the 4 patient stated, 'Honestly, I'm suffering, and 5 not coping with it.' The patient reports he 6 went to court on Tuesday and got four months, 7 but possibility of going to workhouse after 30 8 days, but thinks it's in his best interest to do 9 the four months and then go to treatment that 10 does dual diagnosis to get help with drug use 11 and mental health, like at Nystrom or Recovery 12 Plus. Report the last time he went to treatment 13 his mental health was not addressed, and he 14 thinks he was -- he thinks that was part of the 15 issue of returning to drugs. The patient 16 reports definitely feeling depressed and 'my 17 anxiety is through the roof.' Reports feeling 18 very stressed about being locked in for 20 hours 19 a day in the Gamma Unit" -- or "while in Gamma," 20 excuse me. "But when he was -- when he has time 21 out of his cell, he watches TV or walks, which 22 helps. Reports his insomnia is maddening. His 23 mind is going crazy with thoughts, and going 24 through many emotions like frustration, 25 irritated, and than emotional. The patient</p>

6 (Pages 18 to 21)



Michael Robertson

6/20/2019

<p style="text-align: right;">22</p> <p>1 reports having current goal of getting life back 2 together, and future goals of going to treatment 3 and putting his life back together for his 4 daughter so she doesn't have to go through the 5 same thing he did. The patient reports if he 6 did have suicidal thoughts, he would tell the CO 7 or the clinic." 8 Q. Is that what you were referring to, by "other 9 risk factors" in your email? 10 A. The one to Brian Frank? 11 Q. Yes. 12 A. I'm not sure. That was, like, a year after 13 this, um, but -- 14 Q. Do you remember when you said was BDI, high 15 B- -- 16 A. Oh, and other risk factors? 17 Q. Yeah. 18 A. Um, probably, I guess, yeah, but I... 19 Q. Yeah, you said (as read), "Placed on MHW-15 due 20 to high BDI and risk factors"; correct? 21 A. (Nodding head.) 22 Q. A score of 43 on the BDI indicates severe 23 depression, doesn't it? 24 A. You can't base -- it indicates the possibility 25 of that, yes. I mean, you can't take that score</p>	<p style="text-align: right;">24</p> <p>1 A. -- I think that's why she met with him. 2 Q. Well -- 3 A. Or part of -- 4 Q. -- there's -- 5 A. -- why she -- 6 Q. -- nothing about her note that would dissuade 7 you from the fact that he had -- a belief that 8 he had severe depression, is there? 9 A. Um, there's multiple things that were going on, 10 it looks like. It looks like he was going 11 through withdrawal and distress. He had just 12 come into the jail. Um, whether he was going 13 through severe depression, or whether he filled 14 that BDI out three or four days earlier, when he 15 was feeling like he wasn't getting things, and 16 was withdrawing, and trying to make a plea for 17 help to get more services by magnifying symptoms 18 or what was happening, is sometimes part of -- 19 you know, I can't necessarily say just one tool 20 indicates this for a guy. 21 Q. Well, I know. And -- 22 A. Okay. 23 Q. -- what I'm -- what I'm telling you, is one -- 24 is one tool is that the Beck Depression 25 Inventory; correct?</p>
<p style="text-align: right;">23</p> <p>1 simply as meaning that automatically. 2 Q. Well, that's -- 3 A. But that's certainly what it can indicate. 4 Q. If you -- that's what the BDI that -- is it 5 Aaron Beck that did the BDI? 6 A. Yeah. 7 Q. And he's like the king of cognitive therapy; 8 right? 9 A. Well, I don't know -- I don't know how to 10 describe that. He's very well known in that 11 area, yeah. 12 Q. And the BDI scoring system that they put out, 13 has 29 to 63 indicates severe depression; 14 correct? If you look at Exhibit 10? 15 A. According to -- yeah. And -- uh-huh. 16 Q. Do you keep that scoring scale in the -- is it 17 kept in the Sherburne County Clinic? 18 A. The scoring scale? 19 Q. Yeah. 20 A. I think they use a threshold, you need above a 21 certain number. It's a good general indicator 22 that somebody is struggling; whether it actually 23 defines that or not, it needs to be further 24 explored, what's going on -- 25 Q. Uh-huh.</p>	<p style="text-align: right;">25</p> <p>1 A. Sure. Sure. 2 Q. Another tool is you read this chart note and 3 there's an interview of the -- of the -- 4 A. Correct. 5 Q. -- of the patient; correct? 6 A. Yeah. And he's -- 7 Q. And -- 8 A. -- got plans, forward thinking, you know. He's 9 talking cooperatively and openly with staff. 10 Q. The plan -- the interview note is not 11 inconsistent from a psychological perspective 12 with severe depression, is it? 13 A. No, it's not inconsistent -- 14 Q. In -- 15 A. -- with -- 16 Q. -- fact, it is consistent, isn't it? 17 A. It's consistent, yeah. 18 Q. Okay. 19 A. And, um... 20 Q. But your -- your note doesn't appear on -- your 21 handwriting does not appear on Exhibit 16, does 22 it? 23 A. No. 24 Q. Does it appear on Exhibit 22, the -- any of the 25 flow charts?</p>

7 (Pages 22 to 25)



Michael Robertson

6/20/2019

<p style="text-align: right;">26</p> <p>1 <b>A. No.</b></p> <p>2 Q. And that's the chemical withdrawal notes;</p> <p>3 correct, Exhibit 22? Does it appear on that?</p> <p>4 <b>A. No.</b></p> <p>5 Q. How about the chemical withdrawal questionnaire?</p> <p>6 Does it appear on that, Exhibit 23?</p> <p>7 <b>A. No.</b></p> <p>8 Q. Exhibit 24, the chemical -- another chemical</p> <p>9 withdrawal questionnaire?</p> <p>10 <b>A. No.</b></p> <p>11 Q. Exhibit 25, the -- another chemical withdrawal</p> <p>12 flow sheet?</p> <p>13 <b>A. No.</b></p> <p>14 Q. Anywhere on eMDs? Is there any notation in eMDs</p> <p>15 that you -- that denotes when you saw him?</p> <p>16 Exhibit 26, that is?</p> <p>17 <b>A. No.</b></p> <p>18 Q. You've reviewed that prior to today, haven't</p> <p>19 you?</p> <p>20 <b>A. That specific note?</b></p> <p>21 Q. The eMD notes? Well --</p> <p>22 <b>A. Maybe at the time with Brian Frank, and I've</b></p> <p>23 <b>probably seen a couple notes, but I don't know</b></p> <p>24 <b>if I've seen all of this.</b></p> <p>25 Q. But is there any computer record --</p>	<p style="text-align: right;">28</p> <p>1 <b>A. No.</b></p> <p>2 Q. Did you understand the mental health referral to</p> <p>3 be urgent?</p> <p>4 <b>A. No.</b></p> <p>5 Q. Did -- did you ever talk to CW, Crystal</p> <p>6 Waagmeester?</p> <p>7 <b>A. No, I don't know who she is.</b></p> <p>8 Q. That was the person who actually made the</p> <p>9 referral.</p> <p>10 <b>A. I understand that.</b></p> <p>11 Q. And what does it say she is?</p> <p>12 <b>A. Um, a -- a nurse practitioner. So advanced</b></p> <p>13 <b>practice nurse.</b></p> <p>14 Q. And in fact, do you know that she is not a</p> <p>15 practice nurse, that she's a PA, physician's</p> <p>16 assistant?</p> <p>17 <b>A. No, I don't. I've never met her, I don't know</b></p> <p>18 <b>who she is.</b></p> <p>19 Q. Okay. And you don't know whether she considered</p> <p>20 her mental health referral urgent or not?</p> <p>21 <b>A. Um, no.</b></p> <p>22 Q. You made a decision that it wasn't urgent?</p> <p>23 <b>A. I made? Um, I don't know. I don't remember. I</b></p> <p>24 <b>don't recall this, but I can tell you what I</b></p> <p>25 <b>typically do with -- with this. Obviously, I</b></p>
<p style="text-align: right;">27</p> <p>1 <b>A. I don't think so --</b></p> <p>2 Q. -- of when you --</p> <p>3 <b>A. -- no.</b></p> <p>4 Q. -- of when you reviewed and made the decision to</p> <p>5 have him be seen on the 16th --</p> <p>6 <b>A. No.</b></p> <p>7 Q. -- is there?</p> <p>8 <b>A. No.</b></p> <p>9 Q. So you didn't make an eMD note of that?</p> <p>10 <b>A. No --</b></p> <p>11 Q. Okay.</p> <p>12 <b>A. -- probably not.</b></p> <p>13 Q. Exhibit 17 is the "Health Assessment," that is</p> <p>14 your -- is that 17? Nineteen, excuse me. Is</p> <p>15 there any handwriting of yours on that?</p> <p>16 <b>A. I'm sure there's not.</b></p> <p>17 Q. How about any of the suicide risk screening</p> <p>18 forms?</p> <p>19 <b>A. No.</b></p> <p>20 Q. And how about the Beck Depression Inventory</p> <p>21 itself? Any notation that you reviewed that?</p> <p>22 <b>A. No.</b></p> <p>23 Q. And no -- and nothing on there that indicates</p> <p>24 when you saw Exhibit 14, the mental health</p> <p>25 referral?</p>	<p style="text-align: right;">29</p> <p>1 <b>signed it and scheduled him.</b></p> <p>2 Q. Yeah. And we know, on some particular time you</p> <p>3 scheduled him for an actual clinical visit with</p> <p>4 you; right?</p> <p>5 <b>A. Correct.</b></p> <p>6 Q. And that -- the date of that was scheduled for</p> <p>7 November 16th?</p> <p>8 <b>A. Right.</b></p> <p>9 Q. Which was about a week after he hung himself;</p> <p>10 right?</p> <p>11 <b>A. Um, this was written on the 5th, so that was</b></p> <p>12 <b>ten, 11 days after that; right? So I'm not</b></p> <p>13 <b>sure -- is the date that he hung himself on the</b></p> <p>14 <b>7th? Um, is that what you're saying, or...</b></p> <p>15 Q. Did you review his full chart, the eMD charts?</p> <p>16 <b>A. Well, on -- I don't know. And I don't know</b></p> <p>17 <b>which date you're referring to. I think at the</b></p> <p>18 <b>time, probably not. I would have gone through a</b></p> <p>19 <b>consult, um, and scheduled him based on that.</b></p> <p>20 <b>A year later, when that other email from</b></p> <p>21 <b>Brian Frank occurred, I might have looked</b></p> <p>22 <b>through it, or skimmed through it.</b></p> <p>23 Q. What does Alyssa Pfeifer's note of 11/9/17 tell</p> <p>24 you in Exhibit 26, the eMD records?</p> <p>25 <b>A. Starting with "Chief Complaint."</b></p>

8 (Pages 26 to 29)

Michael Robertson

6/20/2019

<p style="text-align: right;">30</p> <p>1 Q. You can just read that and tell me --</p> <p>2 <b>A. Oh.</b></p> <p>3 Q. -- if it alerts you to the fact that he's hung</p> <p>4 himself by --</p> <p>5 <b>A. Out loud?</b></p> <p>6 Q. No, you can just do it --</p> <p>7 <b>A. Okay.</b></p> <p>8 Q. -- whatever you -- read it sufficiently, to make</p> <p>9 that determination.</p> <p>10 <b>A. (Reviewing exhibit.) Okay, I'm sorry. Now,</b></p> <p>11 <b>what's the question?</b></p> <p>12 Q. Does it look like he hung himself on</p> <p>13 November 9th?</p> <p>14 <b>A. Yes.</b></p> <p>15 Q. And that would be a week before his scheduled</p> <p>16 visit with you?</p> <p>17 <b>A. Yes.</b></p> <p>18 Q. And to the best of your knowledge, and -- and</p> <p>19 after reviewing the file, is it true that no --</p> <p>20 no antidepressant medication was ever provided</p> <p>21 to James Lynas during his November 2017 stay in</p> <p>22 the jail?</p> <p>23 <b>A. No antidepressant. He was getting an</b></p> <p>24 <b>antianxiety med.</b></p> <p>25 Q. Is it true that no psychotherapy or</p>	<p style="text-align: right;">32</p> <p>1 Q. Do you remember who it was at Sherburne County</p> <p>2 who directed you and other staff not to use</p> <p>3 "suicide watch" as a terminology in the</p> <p>4 Sherburne County Jail instead of "mental health</p> <p>5 watch"?</p> <p>6 <b>A. Um --</b></p> <p>7 Q. And instead to use "mental health watch"?</p> <p>8 Excuse me.</p> <p>9 <b>A. Yeah, I don't know -- you know, I think -- I</b></p> <p>10 <b>suspect that came from Linda Pantzke and/or the</b></p> <p>11 <b>-- the jail's administrative team.</b></p> <p>12 Q. And who would that be at that time?</p> <p>13 <b>A. It would probably be Pat Carr, Brian Frank, Dave</b></p> <p>14 <b>Isais.</b></p> <p>15 Q. Ultimately approved by the sheriff?</p> <p>16 <b>A. Um, yeah, I presume. I -- I don't know. That</b></p> <p>17 <b>was a discussion that was had and --</b></p> <p>18 Q. Who was present at the discussion?</p> <p>19 <b>A. I know that it existed before I came, but we</b></p> <p>20 <b>also had the discussion while I was there at one</b></p> <p>21 <b>point.</b></p> <p>22 Q. Well, who --</p> <p>23 <b>A. I'm --</b></p> <p>24 Q. Obviously you don't know who did it before -- or</p> <p>25 maybe you know, but who did it while you were</p>
<p style="text-align: right;">31</p> <p>1 psychological counseling was provided to James</p> <p>2 Lynas during the November 2017 stay at the jail?</p> <p>3 <b>A. Correct. He had started a packet, to fill out.</b></p> <p>4 Q. Is it true that no DSM-V multiaxial diagnosis or</p> <p>5 assessment for James Lynas was made during his</p> <p>6 November 2017 stay at the jail?</p> <p>7 <b>A. Correct. True.</b></p> <p>8 Q. And in fact, James Lynas was only seen</p> <p>9 face to face by nurses as far as you can tell?</p> <p>10 <b>A. Yes.</b></p> <p>11 Q. And none of those nurses are qualified mental</p> <p>12 health professionals; correct?</p> <p>13 <b>A. Correct.</b></p> <p>14 Q. So he never saw a qualified mental health</p> <p>15 professional during his 2017 -- November 2017</p> <p>16 stay at the jail?</p> <p>17 <b>A. Correct. As far as I know, yes.</b></p> <p>18 Q. Did you understand it was the policy -- well,</p> <p>19 was it -- let me reask it. Was it MEnD's policy</p> <p>20 to let the inmate himself decide whether to</p> <p>21 start the mental health process?</p> <p>22 <b>A. Not necessarily, but certainly that often</b></p> <p>23 <b>occurred. Oftentimes they were placed on mental</b></p> <p>24 <b>health watches, or we initiated sooner</b></p> <p>25 <b>involvement based on a number of factors.</b></p>	<p style="text-align: right;">33</p> <p>1 there?</p> <p>2 <b>A. I think it was -- there were a number of people.</b></p> <p>3 <b>Brian Frank. Probably Chris Hansen. Possibly</b></p> <p>4 <b>Heather Pickett. Pat may have been involved.</b></p> <p>5 Q. Pat Carr?</p> <p>6 <b>A. Yeah. But he might not have been in that</b></p> <p>7 <b>meeting.</b></p> <p>8 Q. And do you know who had made the prior</p> <p>9 pronunciation, prior to you being there? Had</p> <p>10 you been informed of that?</p> <p>11 <b>A. Of how they would do -- label that? I have no</b></p> <p>12 <b>idea.</b></p> <p>13 Q. When you worked at the Sherburne County Jail,</p> <p>14 did you work at any other jails for MEnD?</p> <p>15 <b>A. Yeah. I was briefly employed by them prior to</b></p> <p>16 <b>that for a short period, and worked in Stearns</b></p> <p>17 <b>and Mille Lacs County.</b></p> <p>18 Q. While you were at -- and working at Sherburne</p> <p>19 County Jail --</p> <p>20 <b>A. Uh-huh.</b></p> <p>21 Q. -- did you work --</p> <p>22 <b>A. No.</b></p> <p>23 Q. -- in any other MEnD facilities?</p> <p>24 <b>A. No.</b></p> <p>25 Q. Did you have regular clinic hours?</p>

9 (Pages 30 to 33)

Michael Robertson

6/20/2019

<p style="text-align: right;">34</p> <p>1 <b>A. Yeah, I was typically there by 7:00, 7:30, often</b>  2 <b>out by 4:00 or 5:00, so...</b>  3 Q. How many days a week in November of 2017?  4 <b>A. I -- I'd have to look, but I assume five days a</b>  5 <b>week, Monday through Friday.</b>  6 Q. Was there anybody at the jail in November of  7 2017 that had a BDI score of 43 or higher?  8 <b>A. Except for --</b>  9 Q. Other than Mr. Lynas?  10 <b>A. Yeah, I -- I presume, but I don't know.</b>  11 Q. Okay. What did you mean by, "mental health  12 watches are proactive"?  13 <b>A. Some patients, um, they're going through a</b>  14 <b>number of symptoms. They don't believe they</b>  15 <b>have serious symptoms, and they actually do.</b>  16 <b>And sometimes they have a lack of insight,</b>  17 <b>sometimes they're out of touch with, kind of,</b>  18 <b>social interactions and might provoke others</b>  19 <b>without realizing it. Maybe they have</b>  20 <b>personality disorders that are likely to insight</b>  21 <b>some retaliatory or other kinds of things. So</b>  22 <b>some of that is designed to -- would be designed</b>  23 <b>to alert staff, to be, kind of, mindful of this</b>  24 <b>guy or gal, and -- and be proactive; and if</b>  25 <b>something comes up, we'd like to be involved</b></p>	<p style="text-align: right;">36</p> <p>1 know, if a person -- in your prior answer, you  2 know, personality disorders --  3 <b>A. Sure. Sure.</b>  4 Q. -- a number of different things that I would  5 expect you to know, obviously. And you'd expect  6 you to know those things; correct?  7 <b>A. And I -- and I definitely use that language to</b>  8 <b>describe the other issues, that they're placed</b>  9 <b>on these watches to kind of --</b>  10 Q. Sure. But that -- those are decisions, like  11 whether a person has an actual personality  12 disorder, that are made by --  13 <b>A. To put -- to put that eventually --</b>  14 Q. Please let me finish.  15 <b>A. Oh, sorry.</b>  16 Q. -- that are made by qualified mental health  17 professionals, such as yourself, and others?  18 <b>A. When they're made, yes.</b>  19 Q. Yeah. How many people would you see in clinic  20 from 7:00 to 4:30, five days a week?  21 <b>A. Um, it would depend on a lot of factors, but</b>  22 <b>maybe eight to 12 people per day, maybe.</b>  23 Q. So you're talking between 40 and 60 people a  24 week?  25 <b>A. Um, possibly.</b></p>
<p style="text-align: right;">35</p> <p>1 <b>quicker, if need be.</b>  2 Q. A lot of those things, like whether a person is  3 really a suicide risk, is something that should  4 be decided by a qualified mental health  5 provider, don't you think?  6 <b>A. No. Because you would miss thousands of people</b>  7 <b>if you were looking at trying to -- I mean, if</b>  8 <b>people are at a risk, and they -- kind of</b>  9 <b>there's this -- I think the nurses there are</b>  10 <b>trained pretty well to identify a number of risk</b>  11 <b>factors to enable that first hurdle. It would</b>  12 <b>be, like, I don't know every case going straight</b>  13 <b>to the supreme court. We have to screen and</b>  14 <b>base it on, you know, what fits, because -- and</b>  15 <b>they're pretty good at sorting out the risk</b>  16 <b>factors, I think.</b>  17 Q. Well, they wouldn't be able to tell if a person  18 had a personality disorder, would they? That's  19 a -- that's a very --  20 <b>A. That takes a minute to do that, so it's --</b>  21 <b>but -- but they can definitely see the more kind</b>  22 <b>of extravagant behaviors, the provocative</b>  23 <b>behaviors that alert them to concerns.</b>  24 <b>I don't mean to be hedging, or trying to --</b>  25 Q. Well, but you mentioned a number of things, you</p>	<p style="text-align: right;">37</p> <p>1 Q. Well --  2 <b>A. I --</b>  3 Q. I just did the math.  4 <b>A. Yeah. I mean, there's another mental health</b>  5 <b>person that comes once a week versus, I think,</b>  6 <b>more recently twice a week, but I don't know if</b>  7 <b>that was during that time frame.</b>  8 Q. Do you remember anybody else being a mental  9 health professional at that time at the  10 Sherburne County Jail, November of 2017?  11 <b>A. Yeah, I don't, no.</b>  12 Q. So as far as you know, you were the only one?  13 <b>A. Yeah. There might have been -- I don't know. I</b>  14 <b>don't think so. I think, yes, I'm the -- the</b>  15 <b>only one.</b>  16 Q. All right.  17 <b>A. Yeah.</b>  18 Q. But still, you could see 40 to 60 --  19 <b>A. Yeah.</b>  20 Q. -- inmates a week?  21 <b>A. Yeah.</b>  22 Q. Did anybody else commit suicide during the  23 period of November 9th to November 16th, other  24 than Mr. Lynas?  25 <b>A. I do not believe so.</b></p>

10 (Pages 34 to 37)

Michael Robertson

6/20/2019

<p style="text-align: right;">38</p> <p>1 Q. Did you know that Mr. Lynas had his nose cut 2 off? 3 <b>A. I was not aware of that.</b> 4 Q. Did you have any discussions with anyone 5 regarding James Lynas, after he committed 6 suicide, even during the time period between 7 when he did the act of hanging himself, until he 8 died? 9 <b>A. I probably did. I probably talked to staff, how 10 -- what had occurred. Tried to sort out how the 11 patient was doing, how they were doing, because 12 definitely the whole jail would have been on 13 lockdown during that.</b> 14 Q. The correctional officers have to know if a 15 person is on 15-minute mental health watch, 16 don't they? 17 <b>A. Yes.</b> 18 Q. And who makes them aware of that? 19 <b>A. They would log it into the -- nursing staff, or 20 the sergeants, or other folks, would log into 21 their computer to alert people.</b> 22 Q. What is that supposed to alert the correctional 23 officers to? 24 <b>A. That they're on a watch. That form, with a 25 Special Precautions form, would get distributed</b></p>	<p style="text-align: right;">40</p> <p>1 <b>A. No.</b> 2 Q. So you had -- of the two suicides that happened 3 in 2017, you hadn't seen either person in 4 clinic? 5 <b>A. Correct. The first one I wasn't informed about 6 in any way. And it sounds like --</b> 7 Q. So you hadn't been scheduled to see him? 8 <b>A. I -- I don't even know if the clinic was 9 informed, or that he had -- I don't know.</b> 10 Q. Have you become familiar with the National Jail 11 Suicide Research? 12 <b>A. A little bit.</b> 13 Q. The research conducted by Lindsay Hayes? 14 <b>A. Yes.</b> 15 Q. Do you consider him to be an expert in the field 16 of jail suicides? 17 <b>A. Certainly.</b> 18 Q. Have you read about his -- have you read both 19 the -- the 1990 study, and the study that was 20 just done recently? 21 <b>A. In 2006 [sic]? Twenty years later?</b> 22 Q. Yeah. 23 <b>A. Yes.</b> 24 Q. Is that something you keep in your office, or is 25 it a ready resource?</p>
<p style="text-align: right;">39</p> <p>1 <b>to alert them as well.</b> 2 Q. Okay. Have you had any discussions with 3 anyone who's been deposed in this case, like 4 Dr. Leonard? 5 <b>A. No.</b> 6 Q. I mean, when's the last time you talked to 7 Dr. Leonard? 8 <b>A. Um, I don't know. Um, I think he sent me an 9 email when I was contacted by the attorney about 10 this case. And that was after my prompting, 11 because I didn't understand why -- what was 12 going on, that I was contacted. And was this 13 person -- who is this person.</b> 14 Q. Were you -- were you deposed -- or were you -- 15 <b>A. But I know I spoke with him. Sorry.</b> 16 Q. Okay. Are you aware of a -- a suicide that was 17 a few months earlier, at the Sherburne County 18 Jail? 19 <b>A. I have a vague recollection that somebody came 20 down from court, and I believe they were -- if I 21 recall forthwith, they kind of were -- might 22 have been surprised because they were 23 incarcerated immediately after court. But I'd 24 heard about that case, yeah.</b> 25 Q. Had you seen that person in clinic?</p>	<p style="text-align: right;">41</p> <p>1 <b>A. I'm pretty familiar with the -- the information.</b> 2 Q. Uh-huh. Are you aware that he's been a witness 3 against MENd before? 4 <b>A. No.</b> 5 Q. Were you aware of the Stearns County suicide 6 that occurred with MENd personnel? 7 <b>A. I had heard about that.</b> 8 Q. When you find out a person has been referred by 9 a medical provider to you -- 10 <b>A. Yes.</b> 11 Q. -- do you call that person up and ask about it? 12 <b>A. Not necessarily.</b> 13 Q. Do you do it sometimes? or typically? or 14 unusually? not very often? 15 <b>A. If the information seems confusing or unclear, 16 or that I need to clarify something, I might.</b> 17 Q. But there was nothing confusing or unclear about 18 Mr. Lynas' information that was transmitted to 19 you? 20 <b>A. Not the information I had, no.</b> 21 Q. That was both -- it was clear enough and -- 22 and -- and you understood what the problems were 23 being raised for the -- the reason for the 24 referral? 25 <b>A. I think I did. I think -- yeah.</b></p>

11 (Pages 38 to 41)

Michael Robertson

6/20/2019

<p style="text-align: right;">42</p> <p>1 Q. Okay. (Sotto voce speaking.)</p> <p>2 I'd like to go over some things with you.</p> <p>3 This is from your curriculum vitae. So you got</p> <p>4 a bachelor of arts in English in -- from Hamline</p> <p>5 in 1986; right?</p> <p>6 <b>A. Correct.</b></p> <p>7 Q. Then you had -- what did you do after that?</p> <p>8 <b>A. Hmm, I was in the Rochester, Minnesota area,</b></p> <p>9 <b>working with probably PACE, which is an Olmsted</b></p> <p>10 <b>County program for juveniles. Working with</b></p> <p>11 <b>juveniles as an alternative to jailing them.</b></p> <p>12 <b>And then I ended up doing a number of other</b></p> <p>13 <b>residential juvenile work; children who were</b></p> <p>14 <b>placed in residential juvenile facilities,</b></p> <p>15 <b>foster care, a number of other things like that.</b></p> <p>16 <b>Eventually running a bunch of small shelters and</b></p> <p>17 <b>residential programs for juveniles.</b></p> <p>18 Q. And what about -- was there anything about your</p> <p>19 English degree that was helpful in that?</p> <p>20 <b>A. At the time, I went to school part-time, while I</b></p> <p>21 <b>was doing those -- those jobs full-time, and was</b></p> <p>22 <b>getting a master's degree in counseling. I</b></p> <p>23 <b>think what happened during that was, I was</b></p> <p>24 <b>writing some things for Olmsted County, for</b></p> <p>25 <b>their alternative to jailing juveniles, some</b></p>	<p style="text-align: right;">44</p> <p>1 therapist; right?</p> <p>2 <b>A. Correct.</b></p> <p>3 Q. And that was after you received your master of</p> <p>4 science in community counseling in the spring of</p> <p>5 1990 from Winona State?</p> <p>6 <b>A. Yes. I might have worked there prior to, and</b></p> <p>7 <b>then became a therapist after, but yeah.</b></p> <p>8 Q. You had -- and you had more than one gig at</p> <p>9 various times; right? You also worked at the</p> <p>10 Sheriffs Youth Programs of Minnesota,</p> <p>11 Inver Grove Heights; correct?</p> <p>12 <b>A. Right. Well, that was the overseeing</b></p> <p>13 <b>organization of all the programs in Austin,</b></p> <p>14 <b>Isanti Boys' Ranch, St. Cloud, so...</b></p> <p>15 Q. And then you decided to go on your own? LMI</p> <p>16 Professional Services; is that right?</p> <p>17 <b>A. Correct. Well, I did that on the side.</b></p> <p>18 Q. Okay.</p> <p>19 <b>A. That was intended to give me some sort of way to</b></p> <p>20 <b>get through graduate school.</b></p> <p>21 Q. Okay. Then you got a doctoral degree of</p> <p>22 clinical psychology; right --</p> <p>23 <b>A. Correct.</b></p> <p>24 Q. -- in October of 2003 from Argosy University.</p> <p>25 Is that -- is that in business anymore?</p>
<p style="text-align: right;">43</p> <p>1 brochures, because of my writing skills. And</p> <p>2 eventually was doing work with the juveniles at</p> <p>3 the same time, and kind of fell in love with the</p> <p>4 work.</p> <p>5 Q. The work with the juveniles?</p> <p>6 <b>A. Yeah, yeah.</b></p> <p>7 Q. When did you graduate from high school?</p> <p>8 <b>A. In '81.</b></p> <p>9 Q. From -- where was that?</p> <p>10 <b>A. Rochester. Mayo.</b></p> <p>11 Q. Mayo?</p> <p>12 <b>A. Yeah.</b></p> <p>13 Q. So were you a full-time student at Hamline?</p> <p>14 <b>A. Yes.</b></p> <p>15 Q. Okay. And "PACE" is an acronym for Protecting</p> <p>16 Adolescents in the Community Environment?</p> <p>17 <b>A. Community Environment. Yeah, I think it was one</b></p> <p>18 <b>of the first juvenile alternative to jails, at</b></p> <p>19 <b>the time, in the state.</b></p> <p>20 Q. And then -- and you worked at other ones.</p> <p>21 Gerard of Minnesota?</p> <p>22 <b>A. Correct.</b></p> <p>23 Q. In Austin?</p> <p>24 <b>A. Right.</b></p> <p>25 Q. And you were an assistant manager and a</p>	<p style="text-align: right;">45</p> <p>1 <b>A. Right. They -- they've kind of gone through a</b></p> <p>2 <b>whole thing where they fell apart because they</b></p> <p>3 <b>didn't have some sort of insured funding</b></p> <p>4 <b>situation. It was just remarkable, right.</b></p> <p>5 Q. Is that a for-profit?</p> <p>6 <b>A. I believe so, yeah.</b></p> <p>7 Q. Now, you don't -- you're a PsyD, right, instead</p> <p>8 of Ph.D.?</p> <p>9 <b>A. Right.</b></p> <p>10 Q. What's the difference?</p> <p>11 <b>A. One's more clinical work, application; kind of</b></p> <p>12 <b>working with clients focus. And both are the</b></p> <p>13 <b>science, kind of, practitioner model.</b></p> <p>14 Q. And did you ever see James Lynas, even in</p> <p>15 passing, during his time in Sherburne County in</p> <p>16 November of 2017?</p> <p>17 <b>A. Not that I'm aware of.</b></p> <p>18 Q. You didn't pass any -- you don't remember seeing</p> <p>19 anybody without a nose, for example?</p> <p>20 <b>A. I think I would have noticed that.</b></p> <p>21 Q. Yeah, that's why I asked that question.</p> <p>22 <b>A. So I don't think so, yeah.</b></p> <p>23 Q. Did you have any involvement in the care and</p> <p>24 treatment of James Lynas, during that same time</p> <p>25 period?</p>

12 (Pages 42 to 45)



Michael Robertson

6/20/2019

<p style="text-align: right;">46</p> <p>1 <b>A. With the exception of possibly that consult, and</b>  2 <b>writing and scheduling him for a follow-up.</b>  3 Q. Well, the follow-up would be the care and  4 treatment; right?  5 <b>A. And I don't know how you're defining that, so I</b>  6 <b>just included that.</b>  7 Q. Okay. But you didn't do anything affirmative to  8 care or treat?  9 <b>A. There was no face-to-face contact or anything.</b>  10 Q. You didn't make any orders, or give any  11 directives about James Lynas, other than that  12 note that said you'll see him a week after he  13 died?  14 <b>A. I don't think that's what I said in that note --</b>  15 Q. No.  16 <b>A. -- but I scheduled him after I was -- after I</b>  17 <b>consulted with the nurse.</b>  18 Q. And you don't even actually remember any nurse  19 consult regarding him, in particular?  20 <b>A. No. Oftentimes it's all verbal, and a form</b>  21 <b>would be submitted like the one you showed me.</b>  22 <b>I would schedule, and it wouldn't -- the name</b>  23 <b>wasn't the relevant factor; it was more the</b>  24 <b>information.</b>  25 Q. Now, you ceased work -- you began working for</p>	<p style="text-align: right;">48</p> <p>1 Q. Yes?  2 <b>A. Yes. Sorry.</b>  3 Q. I didn't mean to --  4 <b>A. Sorry. Sorry.</b>  5 Q. I was understanding your affirmative nod --  6 <b>A. Yes.</b>  7 Q. -- but I wanted to turn it into English.  8 <b>A. I apologize.</b>  9 Q. Do you administer the Beck Depression Inventory  10 to patients?  11 <b>A. At times.</b>  12 Q. When you think they might be depressed?  13 <b>A. It's not a routine instrument I use. Outside --</b>  14 Q. Which ones do you use for depression, for  15 example?  16 <b>A. There's a lot of different -- PHQ-9. The</b>  17 <b>Hamilton. There's -- a lot of those screening</b>  18 <b>tools are really designed to kind of further</b>  19 <b>them along the path to be assessed or screened</b>  20 <b>and detailed. They're just kind of screening</b>  21 <b>tools and -- and -- and by the time I'm seeing</b>  22 <b>them, they usually have already gone through</b>  23 <b>that, or oftentimes they have.</b>  24 Q. Uh-huh. Well, I thought you were -- testing was  25 part of the things that you liked to do?</p>
<p style="text-align: right;">47</p> <p>1 MEnD on May twenty -- in May of 2016; correct?  2 <b>A. Yes.</b>  3 Q. And you stopped working for MEnD in February of  4 2019; correct?  5 <b>A. Yes.</b>  6 Q. What were the circumstances of your stopping  7 work? Did you resign?  8 <b>A. Yes.</b>  9 Q. Were you ever disciplined by MEnD?  10 <b>A. No.</b>  11 Q. Have you ever been disciplined by any board or  12 oversight committee of any type?  13 <b>A. No.</b>  14 Q. Why did you decide to leave MEnD?  15 <b>A. I think it's a population I love, and I like the</b>  16 <b>model that they have, but I think, um, I just</b>  17 <b>wanted to do broader things, and more work that</b>  18 <b>was related to some of my skill set with testing</b>  19 <b>and other things. A lot of this had been done.</b>  20 <b>The daily dose of the numbers of people that</b>  21 <b>you're seeing, and sometimes it's better to have</b>  22 <b>diversity, just -- for work, so...</b>  23 Q. And by "testing," you're talking about  24 psychometric testing?  25 <b>A. Uh-huh.</b></p>	<p style="text-align: right;">49</p> <p>1 <b>A. Well, yeah, I don't know if I would consider</b>  2 <b>that the type of testing that I would</b>  3 <b>typically --</b>  4 Q. What type of testing do you typically --  5 <b>A. -- involve.</b>  6 Q. -- do?  7 <b>A. There's -- there's different levels of testing,</b>  8 <b>and I would -- like, maybe, an MMPI kind of</b>  9 <b>testing, or other personality testing that are</b>  10 <b>more interesting to me.</b>  11 Q. Which personality testing? The California  12 Personality Inventory?  13 <b>A. No, I don't use that. Maybe the PAI, the</b>  14 <b>NEO PI, those -- those tools are interesting to</b>  15 <b>me.</b>  16 Q. Do you administer tests, just as a matter of  17 curiosity, for law enforcement pre-employment?  18 <b>A. No.</b>  19 Q. Okay. Have you ever done any of that kind of  20 work?  21 <b>A. No.</b>  22 Q. And in your CV you list your license. The fact  23 that you're a licensed psychologist with (as  24 read), "Competency working with children,  25 maltreatment, adolescents, families, sex</p>

13 (Pages 46 to 49)

Michael Robertson

6/20/2019

<p style="text-align: right;">50</p> <p>1 offenders, sex offender assessments, chemical</p> <p>2 dependency, testing, residential treatment</p> <p>3 program [sic], clinical supervision, and</p> <p>4 clinical behavior"; correct?</p> <p>5 <b>A. Correct.</b></p> <p>6 Q. How often did you work with Allison Pfeifer?</p> <p>7 <b>A. Alyssa? Um --</b></p> <p>8 Q. Alyssa Pfeifer, excuse me. Allison.</p> <p>9 <b>A. Pretty frequently.</b></p> <p>10 Q. Okay.</p> <p>11 <b>A. I don't know if that's -- they run this rotating</b></p> <p>12 <b>schedule, so probably two to three days a week,</b></p> <p>13 <b>sometimes more.</b></p> <p>14 Q. She left MENd shortly after the suicide of</p> <p>15 Mr. Lynas; correct?</p> <p>16 <b>A. Yeah, I think she had gone -- she'd been trying</b></p> <p>17 <b>to get into a neonatal place for nursing or</b></p> <p>18 <b>something. I don't know.</b></p> <p>19 Q. Do you know where she went? North Memorial?</p> <p>20 Does that ring a bell?</p> <p>21 <b>A. I'm not -- yeah.</b></p> <p>22 Q. Did you ever have a chance to observe her under</p> <p>23 stressful conditions?</p> <p>24 <b>A. Yeah, frequently. I mean, a lot of the</b></p> <p>25 <b>conditions were stressful, yes.</b></p>	<p style="text-align: right;">52</p> <p>1 Q. -- if you want. Do you agree with that?</p> <p>2 <b>A. I think he was on a mental health watch. If she</b></p> <p>3 <b>used the word "suicide," whether that was a</b></p> <p>4 <b>label she put out there in the context after</b></p> <p>5 <b>the --</b></p> <p>6 Q. (Pointing to document.)</p> <p>7 <b>A. Right.</b></p> <p>8 <b>-- after knowing what has happened, I don't</b></p> <p>9 <b>know.</b></p> <p>10 Q. "At risk for suicide" is a forward-looking --</p> <p>11 <b>A. Yeah.</b></p> <p>12 Q. -- statement, isn't it?</p> <p>13 <b>A. Yes.</b></p> <p>14 Q. And Dr. Hayes -- or I mean the jail suicide</p> <p>15 studies, all -- both of them, the first one and</p> <p>16 the second one, both indicate that a statement</p> <p>17 by an individual inmate, that he will not commit</p> <p>18 suicide, or will tell you if he intends to, is</p> <p>19 not to be believed; correct?</p> <p>20 <b>A. I don't know if he says it like that, but you</b></p> <p>21 <b>can't accept everything that an inmate says, or</b></p> <p>22 <b>any individual says about whether they're</b></p> <p>23 <b>suicidal or not. There's all sorts of factors</b></p> <p>24 <b>you have to consider.</b></p> <p>25 Q. But that's one of the things that is in those</p>
<p style="text-align: right;">51</p> <p>1 Q. How did she do?</p> <p>2 <b>A. I thought she did well. She -- she would get</b></p> <p>3 <b>more detailed and more -- take longer notes, and</b></p> <p>4 <b>she'd get more -- I thought she did well.</b></p> <p>5 Q. Uh-huh.</p> <p>6 <b>A. I was impressed, for her age, to do that well.</b></p> <p>7 Q. Were you surprised when she left?</p> <p>8 <b>A. Not necessarily. I think -- because nurses are</b></p> <p>9 <b>often coming into that environment and -- and</b></p> <p>10 <b>they get a wide range of experiences there, and</b></p> <p>11 <b>then leaving. It's hard to stay in those</b></p> <p>12 <b>environments for long periods of time. It's</b></p> <p>13 <b>very stressful work. It's like an emergency</b></p> <p>14 <b>room department.</b></p> <p>15 Q. And would you agree with -- with Alyssa Pfeifer,</p> <p>16 when she testifies with regard to Mr. Lynas,</p> <p>17 quote, "We were monitoring him. He is at risk</p> <p>18 for suicide, so he's on a 15-minute watch. And</p> <p>19 we're concerned for his mental health, and</p> <p>20 that's why he's placed on a watch," end quote.</p> <p>21 <b>A. I don't know what the context of all the</b></p> <p>22 <b>questioning was, but I assume she said that. I</b></p> <p>23 <b>mean, you've got it there. You're reading it.</b></p> <p>24 Q. I can show it to you --</p> <p>25 <b>A. I assume --</b></p>	<p style="text-align: right;">53</p> <p>1 national jail suicide studies?</p> <p>2 <b>A. Something to that effect, but I don't think he</b></p> <p>3 <b>worded it like that.</b></p> <p>4 Q. Okay. But that's specific with regard to the</p> <p>5 jail population; correct?</p> <p>6 <b>A. Dr. Lindsay --</b></p> <p>7 Q. Dr. Hayes -- he's not a doctor, but --</p> <p>8 <b>A. Oh, I thought he was.</b></p> <p>9 Q. But --</p> <p>10 <b>A. He's very well-versed and studied and created</b></p> <p>11 <b>research, and some people have different</b></p> <p>12 <b>opinions of it, but...</b></p> <p>13 Q. Well, and -- and those studies are -- are for</p> <p>14 many jails --</p> <p>15 <b>A. Correct.</b></p> <p>16 Q. -- across --</p> <p>17 <b>A. Correct.</b></p> <p>18 Q. -- the country?</p> <p>19 <b>A. And they were kind of -- yes.</b></p> <p>20 Q. Do you know the qualifications of the medical</p> <p>21 provider who made the mental health referral?</p> <p>22 <b>A. I think you had asked me that before, and the --</b></p> <p>23 <b>I got the initials and what that meant, and we</b></p> <p>24 <b>clarified that she was a PA, a physician's</b></p> <p>25 <b>assistant or something; is that --</b></p>

14 (Pages 50 to 53)



Michael Robertson

6/20/2019

<p style="text-align: right;">54</p> <p>1 Q. Uh-huh.</p> <p>2 <b>A. So -- so I guess I know that now.</b></p> <p>3 Q. Okay. A physician's assistant would not be a</p> <p>4 qualified mental health provider, either;</p> <p>5 correct?</p> <p>6 <b>A. Not necessarily. Sometimes they can have</b></p> <p>7 <b>specialty and qualifications in those areas,</b></p> <p>8 <b>just like advanced practice nurses.</b></p> <p>9 Q. If they're psychiatric nurses?</p> <p>10 <b>A. Correct.</b></p> <p>11 Q. Is that --</p> <p>12 <b>A. I don't know if they have to be labeled that,</b></p> <p>13 <b>but yes.</b></p> <p>14 Q. Well, there's some kinds of public health nurses</p> <p>15 that are --</p> <p>16 <b>A. That have that specialty, yes.</b></p> <p>17 Q. You're aware there's a Minnesota law and rule</p> <p>18 regarding who is and who is not a qualified</p> <p>19 mental health professional?</p> <p>20 <b>A. Sure. Yes.</b></p> <p>21 Q. Does MEnD have a policy, if there's a BDI score</p> <p>22 over 40, that the nurse is required to call a</p> <p>23 provider, whether or not she knows what that</p> <p>24 means?</p> <p>25 <b>A. Right. So that's part of that, kind of,</b></p>	<p style="text-align: right;">56</p> <p>1 ever fill out a Suicide Risk Screening Form?</p> <p>2 <b>A. Yes.</b></p> <p>3 Q. Did you ever make any attempt to correlate the</p> <p>4 Suicide Risk Screening Form with what was in the</p> <p>5 notes, the eMD notes?</p> <p>6 <b>A. In some cases I would look at that and try to</b></p> <p>7 <b>understand that better. If there was some</b></p> <p>8 <b>discrepancy, sometimes that was already</b></p> <p>9 <b>explained to me, but I think sometimes what they</b></p> <p>10 <b>end up measuring is this state versus trait kind</b></p> <p>11 <b>of thing, more of a fluctuating dynamic.</b></p> <p>12 Q. Yeah. Have you been involved in training the</p> <p>13 RNs employed at MEnD to do the Suicide Risk</p> <p>14 Screening Form?</p> <p>15 <b>A. No, I haven't been involved in training them to</b></p> <p>16 <b>do those forms. And certainly offer input about</b></p> <p>17 <b>-- not any formal training, but on a pretty</b></p> <p>18 <b>regular basis about if there's any concerns, we</b></p> <p>19 <b>take precautions.</b></p> <p>20 Q. What are the dates of the suicide risk screening</p> <p>21 forms that were done for Mr. Lynas?</p> <p>22 <b>A. Well, the one you're showing me here is</b></p> <p>23 <b>11/17 [sic], it looks like.</b></p> <p>24 Q. '17?</p> <p>25 <b>A. Oh, there's a whole bunch of them here.</b></p>
<p style="text-align: right;">55</p> <p>1 <b>threshold. And maybe it's 36, maybe it's 40,</b></p> <p>2 <b>but yes, it's stop, get a consult. It's one of</b></p> <p>3 <b>many hurdles.</b></p> <p>4 Q. Did you know that mental health providers at</p> <p>5 MEnD were on call for different facilities at a</p> <p>6 distance from where they worked or lived?</p> <p>7 <b>A. Yeah, I don't know if they called it that, but</b></p> <p>8 <b>they were definitely available to those other</b></p> <p>9 <b>jails through telemedicine.</b></p> <p>10 Q. Did you understand that Crystal Waagmeester</p> <p>11 believed, at least under oath, that she sent an</p> <p>12 urgent health -- mental health referral?</p> <p>13 <b>A. Um, I think -- yeah, I don't know if I saw</b></p> <p>14 <b>anything that she filled out. I think when she</b></p> <p>15 <b>was referencing that, I don't know. Was it that</b></p> <p>16 <b>she wanted that to go to Alyssa, and then it's</b></p> <p>17 <b>Alyssa's job to put her on that, and then screen</b></p> <p>18 <b>further, and probably consult with me or another</b></p> <p>19 <b>mental health person.</b></p> <p>20 Q. Did you do suicide risk assessments?</p> <p>21 <b>A. Um, yes, I --</b></p> <p>22 Q. Did you ever fill out those forms?</p> <p>23 <b>A. The -- the precaution forms, and those?</b></p> <p>24 Q. Not the precaution forms. The actual risk</p> <p>25 assessment form, which is Exhibit 20. Did you</p>	<p style="text-align: right;">57</p> <p>1 Q. Yeah.</p> <p>2 <b>A. Oh. So one is on 11/1/17. One is on -- I can't</b></p> <p>3 <b>sort that date.</b></p> <p>4 Q. The date looks -- was written over by someone;</p> <p>5 right?</p> <p>6 <b>A. Yeah. 11/17. And then there's an 11/5/17.</b></p> <p>7 <b>And -- no, I guess that's...</b></p> <p>8 Q. Your eMD notes --</p> <p>9 <b>A. Do you mind if I take a break?</b></p> <p>10 Q. Sure.</p> <p>11 VIDEOGRAPHER: Off the video record at</p> <p>12 12:30 p.m.</p> <p>13 (Recess taken.)</p> <p>14 VIDEOGRAPHER: This is File 3. We're on</p> <p>15 the record at 12:46 p.m.</p> <p>16 BY MR. BENNETT:</p> <p>17 Q. Would you agree, that being severely distressed</p> <p>18 is a risk factor for suicide?</p> <p>19 <b>A. Uh-huh. Yes. Sorry.</b></p> <p>20 Q. Would you agree that talking directly or</p> <p>21 indirectly about wanting to die, or "not being</p> <p>22 around," end quote, would be a risk factor or a</p> <p>23 warning sign for suicide?</p> <p>24 <b>A. Yes, it can be.</b></p> <p>25 Q. How about increased social isolation?</p>

15 (Pages 54 to 57)

Michael Robertson

6/20/2019

<p style="text-align: right;">58</p> <p>1 <b>A. Yes, it can be.</b></p> <p>2 Q. How about change in appetite and hygiene?</p> <p>3 <b>A. Yes, it can be.</b></p> <p>4 Q. How about insomnia?</p> <p>5 <b>A. Yes, it can be.</b></p> <p>6 Q. Not sleeping is a -- is a -- chronic insomnia is</p> <p>7 a problem in mental health treatment, isn't it?</p> <p>8 <b>A. Yes.</b></p> <p>9 Q. A person who's giving away his guns, so he won't</p> <p>10 shoot himself, would be a risk factor; correct?</p> <p>11 <b>A. Yes, it can be.</b></p> <p>12 Q. Were you aware of what James Lynas was saying in</p> <p>13 his phone conversations that were taped by the</p> <p>14 Sherburne County Jail?</p> <p>15 <b>A. No, I was not.</b></p> <p>16 Q. Do you know what the purpose of listening to a</p> <p>17 person's phone conversations and not doing</p> <p>18 anything with the information, why that would be</p> <p>19 done?</p> <p>20 <b>A. No, I don't know what their decision-making</b></p> <p>21 <b>might be and what was said.</b></p> <p>22 Q. Well, what people at risk for suicide say to</p> <p>23 their loved ones is important, isn't it?</p> <p>24 <b>A. Oftentimes.</b></p> <p>25 Q. Sudden mood changes are a risk factor as well,</p>	<p style="text-align: right;">60</p> <p>1 <b>like they're maybe psychotic symptoms, that they</b></p> <p>2 <b>really aren't, and I try to clarify my</b></p> <p>3 <b>understanding of where that symptom is coming</b></p> <p>4 <b>from so they can treat it.</b></p> <p>5 Q. So you're trying to give the best possible input</p> <p>6 on -- on what you view the clinical symptoms, to</p> <p>7 the medical provider, to make the best</p> <p>8 pharmacological decision?</p> <p>9 <b>A. Correct.</b></p> <p>10 Q. All right. And you didn't get to do that for</p> <p>11 James Lynas; correct?</p> <p>12 <b>A. No. It looks like he was withdrawing, and they</b></p> <p>13 <b>were -- maybe had him on hydroxyzine.</b></p> <p>14 Q. Do you know how effective hydroxyzine is for</p> <p>15 withdrawal?</p> <p>16 <b>A. I think it can temper a lot of anxiety and</b></p> <p>17 <b>stress, but I don't know at what point it was</b></p> <p>18 <b>administered. I don't know how to answer the</b></p> <p>19 <b>question of how effective --</b></p> <p>20 Q. Well, I realize you're not a medical doctor --</p> <p>21 <b>A. Yeah.</b></p> <p>22 Q. -- but do you understand that hydroxyzine is an</p> <p>23 antihistamine, like Benadryl is an</p> <p>24 antihistamine?</p> <p>25 <b>A. I understand.</b></p>
<p style="text-align: right;">59</p> <p>1 aren't they?</p> <p>2 <b>A. I don't know about that.</b></p> <p>3 Q. Okay. Previous suicide attempts would be a risk</p> <p>4 factor for suicide?</p> <p>5 <b>A. Yes.</b></p> <p>6 Q. A drug -- drug addiction and withdrawal --</p> <p>7 <b>A. Yes.</b></p> <p>8 Q. -- would be --</p> <p>9 <b>A. Both suffer.</b></p> <p>10 Q. Both?</p> <p>11 <b>A. Uh-huh.</b></p> <p>12 Q. Feelings of hopelessness would be a risk factor?</p> <p>13 <b>A. Yes.</b></p> <p>14 Q. And you don't prescribe any drugs? That's not</p> <p>15 within your purview; correct?</p> <p>16 <b>A. Correct.</b></p> <p>17 Q. Do you make referrals to psychiatrists or other</p> <p>18 medical providers that involve discussions about</p> <p>19 what level and what -- what therapeutic level</p> <p>20 and what drug to put people on for various</p> <p>21 conditions?</p> <p>22 <b>A. I will make referrals to the medical providers.</b></p> <p>23 Q. Uh-huh.</p> <p>24 <b>A. And try to clarify the symptoms, and try to</b></p> <p>25 <b>clarify what type of -- sometimes symptoms look</b></p>	<p style="text-align: right;">61</p> <p>1 Q. That, to be true?</p> <p>2 <b>A. And it often gets used as an anti-anxiety</b></p> <p>3 <b>short-term --</b></p> <p>4 Q. Do --</p> <p>5 <b>A. -- med.</b></p> <p>6 Q. -- you know what the therapeutic dose is for an</p> <p>7 adult evidencing severe anxiety?</p> <p>8 <b>A. Of that medicine?</b></p> <p>9 Q. Yeah.</p> <p>10 <b>A. No, I'm not certain.</b></p> <p>11 Q. Okay. You're from Rochester?</p> <p>12 <b>A. Yes.</b></p> <p>13 Q. You've heard of this outfit they have down there</p> <p>14 called the "Mayo Clinic"?</p> <p>15 <b>A. Yeah. They're pretty big, yeah.</b></p> <p>16 Q. And you consider them expert in medical</p> <p>17 decision-making?</p> <p>18 MS. NEARING: Objection. Overly broad.</p> <p>19 THE WITNESS: They're well-known and</p> <p>20 famous for their care.</p> <p>21 MR. BENNETT: Okay.</p> <p>22 BY MR. BENNETT:</p> <p>23 Q. Do you have any idea what a medical provider who</p> <p>24 asks that you -- that refers you a patient --</p> <p>25 what the expectations are of you, when you would</p>

16 (Pages 58 to 61)

Michael Robertson

6/20/2019

<p style="text-align: right;">62</p> <p>1 see that patient?</p> <p>2 <b>A. Depending upon the situation. I mean,</b></p> <p>3 <b>oftentimes they'll refer to us to evaluate when</b></p> <p>4 <b>they should be seen. They'll do the referral to</b></p> <p>5 <b>clarify more, but -- and I don't know if this is</b></p> <p>6 <b>the context, but when I'm thinking about your</b></p> <p>7 <b>question, I'm thinking of the medical provider</b></p> <p>8 <b>in this case who is off site, hearing</b></p> <p>9 <b>information, and referring back to this guy on</b></p> <p>10 <b>the -- to put him on the watch and have him</b></p> <p>11 <b>evaluated. And then on site we would look at</b></p> <p>12 <b>the information and try to determine, you know,</b></p> <p>13 <b>what's best at that moment.</b></p> <p>14 Q. So you -- have you ever talked to referring</p> <p>15 doctors about their expectations of when, if</p> <p>16 they make a mental health referral to you, when</p> <p>17 they expected the -- the patient to be seen?</p> <p>18 <b>A. I have talked to doctors about that, medical</b></p> <p>19 <b>providers, but I don't know if I can say that</b></p> <p>20 <b>that occurred in this case.</b></p> <p>21 Q. You didn't talk to Crystal Waagmeester --</p> <p>22 <b>A. No.</b></p> <p>23 Q. -- as I understand both her and your testimony?</p> <p>24 <b>A. Right.</b></p> <p>25 Q. Do you know if she expected that he would be</p>	<p style="text-align: right;">64</p> <p>1 to let the jail medical staff and mental health</p> <p>2 providers know if there's a change in housing?</p> <p>3 <b>A. They would typically do that.</b></p> <p>4 Q. Okay.</p> <p>5 <b>A. Yeah, um...</b></p> <p>6 Q. Well, you want to know if a person in a</p> <p>7 15-minute mental health watch is in general</p> <p>8 population, or special housing, or booking?</p> <p>9 <b>A. Yes, those are helpful things to know.</b></p> <p>10 Q. Because the ability to do the watches is better</p> <p>11 some places than others; right?</p> <p>12 <b>A. I don't know if the -- if the watches are, in my</b></p> <p>13 <b>mind, what are the factors. It's the ability to</b></p> <p>14 <b>be interacting with other patients, or other</b></p> <p>15 <b>people, and have other people in a cell with</b></p> <p>16 <b>them, or interacting with people, I think --</b></p> <p>17 <b>that's the way I think of it, versus more</b></p> <p>18 <b>isolated. I don't know if the watches change</b></p> <p>19 <b>that much, but...</b></p> <p>20 Q. Well, the purpose of the watch is to make sure</p> <p>21 the person's well-being is --</p> <p>22 <b>A. Checked on.</b></p> <p>23 Q. -- intact?</p> <p>24 <b>A. Yeah. Checked on and monitored, yeah.</b></p> <p>25 Q. And you have to do it in a situation -- well,</p>
<p style="text-align: right;">63</p> <p>1 seen much sooner than 11 days, for when she made</p> <p>2 the referral?</p> <p>3 <b>A. I'm sorry. Did you say, do I know what he [sic]</b></p> <p>4 <b>expected?</b></p> <p>5 Q. Yeah.</p> <p>6 <b>A. I'm not certain that I did or not. I think that</b></p> <p>7 <b>Alyssa had met with him, I think was the -- and</b></p> <p>8 <b>clarified that he was filling out a packet. And</b></p> <p>9 <b>usually at that time there's a pretty routine</b></p> <p>10 <b>process of explaining to them, you know, what</b></p> <p>11 <b>that consists of, that I'd be following up, or</b></p> <p>12 <b>another mental health professional.</b></p> <p>13 Q. Okay. When you ask that something be done</p> <p>14 urgently to a patient, what is your expectation?</p> <p>15 Within one or two days?</p> <p>16 <b>A. It depends. I mean, if I'm asking somebody to</b></p> <p>17 <b>see them urgently, I might break that down</b></p> <p>18 <b>into -- my terminology for "urgent" might be</b></p> <p>19 <b>immediate that day, less than 24 hours. Someone</b></p> <p>20 <b>else's might be one -- one to three days. It</b></p> <p>21 <b>depends on what other scaffolding is in place</b></p> <p>22 <b>to -- to assure the person is doing okay.</b></p> <p>23 Q. I know you're supposed to give information to</p> <p>24 the correctional officers about the watch. Are</p> <p>25 they -- are the correctional officers supposed</p>	<p style="text-align: right;">65</p> <p>1 let me ask you this.</p> <p>2 <b>A. Okay.</b></p> <p>3 Q. Would you want to know if a person who is having</p> <p>4 mental health issues and evidencing risk factors</p> <p>5 for potential for suicide, are -- are moved to a</p> <p>6 situation where they're not allowed out of their</p> <p>7 cell except for an hour a day?</p> <p>8 <b>A. Yeah, and I think I probably would have known</b></p> <p>9 <b>that. When they first come in, they go through</b></p> <p>10 <b>a unit that's like that, and if they got</b></p> <p>11 <b>transferred to another unit that's only out an</b></p> <p>12 <b>hour a day, that would be valuable information</b></p> <p>13 <b>to know, yeah.</b></p> <p>14 Q. Well, that would -- that could increase a person</p> <p>15 who is having mental health issues --</p> <p>16 <b>A. It can, yeah.</b></p> <p>17 Q. It would increase their -- it would increase</p> <p>18 anxiety?</p> <p>19 <b>A. Distress, frustration.</b></p> <p>20 Q. Hopelessness?</p> <p>21 <b>A. Sure. Yeah. All of that.</b></p> <p>22 Q. Because when you go from gen pop to, say,</p> <p>23 special housing, your freedom even within the</p> <p>24 institution is much more severely limited?</p> <p>25 <b>A. Much more restricted, correct.</b></p>

17 (Pages 62 to 65)

Michael Robertson

6/20/2019

<p style="text-align: right;">66</p> <p>1 Q. Is there a connection between starting someone</p> <p>2 on -- on medication, like Crystal Waagmeester</p> <p>3 did with James Lynas, and the urgency of the</p> <p>4 mental health referral?</p> <p>5 <b>A. I guess there's -- there's a connection. Um, I</b></p> <p>6 <b>don't know if it -- it's just -- I don't know</b></p> <p>7 <b>how to speak to that. I don't know if it</b></p> <p>8 <b>changes -- um, yeah, I don't know how to answer</b></p> <p>9 <b>that exactly.</b></p> <p>10 Q. Well, let me ask you this. Jennie Thompson will</p> <p>11 testify, and I can show you this, that she</p> <p>12 filled out the screening form in Exhibit 20, the</p> <p>13 one she filled out on the 3rd.</p> <p>14 <b>A. Okay.</b></p> <p>15 Q. Now, I can't explain why it looks like that, but</p> <p>16 that's what she says, on page 36 of her</p> <p>17 deposition, and I can show you that.</p> <p>18 But wouldn't it be important to know if you</p> <p>19 start a person on a drug for anti- -- to combat</p> <p>20 anxiety, how that drug is working for the</p> <p>21 person?</p> <p>22 <b>A. Yeah, that's valuable. Yeah.</b></p> <p>23 Q. And wouldn't you want to know -- if there's been</p> <p>24 a mental health referral, wouldn't you want the</p> <p>25 suicide risk screening forms done more often</p>	<p style="text-align: right;">68</p> <p>1 know, that was -- the act was fait accompli by</p> <p>2 then?</p> <p>3 <b>A. Yeah, I don't know if I know that information or</b></p> <p>4 <b>those details, except for that -- that he was</b></p> <p>5 <b>being checked on every 15 minutes.</b></p> <p>6 Q. By people who were supposed to know if his</p> <p>7 well-being is intact or not?</p> <p>8 <b>A. By the officers, or just the routine on the</b></p> <p>9 <b>mental health watch. And I think the nurse</b></p> <p>10 <b>techs were giving him meds or delivering meds,</b></p> <p>11 <b>and often they share information with nurse</b></p> <p>12 <b>techs and they alert people that there's other</b></p> <p>13 <b>things going on. Am I answering?</b></p> <p>14 Q. Uh-huh. I understood it.</p> <p>15 <b>A. Okay. I just -- sorry, I got confused.</b></p> <p>16 Q. How were you informed that Mr. Lynas had hung</p> <p>17 himself?</p> <p>18 <b>A. I think there was a -- must have been a code</b></p> <p>19 <b>called at that time, when the nurses had to go.</b></p> <p>20 <b>And I think the whole jail would have been shut</b></p> <p>21 <b>down. I think I would have heard from staff,</b></p> <p>22 <b>probably through part of that relaying equipment</b></p> <p>23 <b>to that area.</b></p> <p>24 Q. Did you have any reaction or think any thoughts</p> <p>25 when you were advised that this person you had</p>
<p style="text-align: right;">67</p> <p>1 after the referral than before?</p> <p>2 <b>A. Not necessarily.</b></p> <p>3 Q. Well, he didn't have any -- according to this</p> <p>4 record, after the 5th, when the mental health</p> <p>5 referral was made, there wasn't any done between</p> <p>6 the 5th and the 9th, when he hung himself?</p> <p>7 <b>A. I don't know how to respond to that.</b></p> <p>8 Q. Well, a person's suicide risk can go up</p> <p>9 precipitously quickly; correct?</p> <p>10 <b>A. Yes, it can.</b></p> <p>11 Q. And the idea is to make sure you know how that's</p> <p>12 happening --</p> <p>13 <b>A. Right.</b></p> <p>14 Q. -- or if that's happening?</p> <p>15 <b>A. True. Sure.</b></p> <p>16 Q. And if you don't do any, you're not going to</p> <p>17 know, are you?</p> <p>18 <b>A. No, that's not true.</b></p> <p>19 Q. Well, do you know if he was seen by anyone</p> <p>20 between the 5th -- anybody in the medical staff,</p> <p>21 or anybody in the mental health -- any mental</p> <p>22 health or medical provider for the Sherburne</p> <p>23 County Jail between the 5th and the 9th, when he</p> <p>24 hung himself, realizing that Nurse Pfeifer</p> <p>25 responded to the code blue, but he was -- you</p>	<p style="text-align: right;">69</p> <p>1 scheduled for -- to be seen on the 16th, had</p> <p>2 committed suicide?</p> <p>3 <b>A. I would have immediately been concerned as to</b></p> <p>4 <b>whether he is on my caseload, whether he was in</b></p> <p>5 <b>my purview, whether he had been referred, those</b></p> <p>6 <b>kinds of things.</b></p> <p>7 Q. Did you go check on those things right away?</p> <p>8 <b>A. I presume that I -- that I did, but --</b></p> <p>9 Q. Did you have any -- oh, go ahead, I interrupted</p> <p>10 you.</p> <p>11 <b>A. I don't recall.</b></p> <p>12 Q. Did you have any reaction to the fact that you</p> <p>13 had scheduled him for the 16th, but he didn't</p> <p>14 get that far?</p> <p>15 <b>A. I don't think I actually even knew his name at</b></p> <p>16 <b>the time, so I might not have even known that</b></p> <p>17 <b>that was the name of the individual that was --</b></p> <p>18 <b>that hung himself, even though the referral</b></p> <p>19 <b>might have been there.</b></p> <p>20 Q. The referral will list his name; correct, and</p> <p>21 his prisoner number?</p> <p>22 <b>A. Right.</b></p> <p>23 Q. So it would have been --</p> <p>24 <b>A. So if they said an inmate has hung himself --</b></p> <p>25 Q. Okay.</p>

18 (Pages 66 to 69)

Michael Robertson

6/20/2019

<p style="text-align: right;">70</p> <p>1 A. -- if I had had this referral and looked and 2 scheduled him, and not known his name, I might 3 have talked to the staff, "Was he on my 4 caseload? Is this one of the guys I'd seen?" 5 And if they said, "No," I might -- or I didn't 6 see a note, maybe they did give me a name, I 7 don't know, but -- 8 Q. Uh-huh. 9 A. -- nothing surfaced at that time. 10 Q. So when the 16th came and Mr. Lynas didn't show 11 up to his -- to see you, did you notice then? 12 A. I think I would have noticed at that time. I 13 don't know if that was -- the name was listed, 14 and the referral sheet taken after that point 15 because this had happened, and put in his file, 16 because he had gone to the hospital, I believe. 17 And he'd still be on the list of -- if that date 18 would come and go, he'd get moved forward 19 another day. Um -- 20 Q. I don't understand the last part of that answer. 21 A. Well, so if a date would come and go, when a 22 person was on a list to be seen; oftentimes 23 maybe the person is transferred, or they're in a 24 hospital, and they can't be seen because they're 25 gone from the facility, I would forward him to</p>	<p style="text-align: right;">72</p> <p>1 my box. And there's three little bins on the 2 top box, so there might be ten of them; some are 3 urgent, some are less urgent. I would typically 4 go through the urgent ones and get them 5 scheduled immediately, review all of them, to 6 peak at whether there's anything that stands 7 out. And typically that day I schedule them 8 all. Sometimes I wouldn't get to each of those 9 less urgent ones until the next day, and 10 schedule them another day, or the next day after 11 that, typically. So... 12 Q. Customarily, though, you would have all these in 13 your inbox on that Monday, then? 14 A. Correct. Yeah. 15 Q. What -- what was your reasoning for waiting to 16 have Mr. Lynas receive a consult directly with 17 you until the 16th, as you put here? 18 A. Um, so it would have been a scenario where 19 nurses and I would have talked, or done a 20 consult, I presume, where he was on the unit, 21 stabilized, getting the medication, forward 22 thinking. There were probably lots of other 23 data that were verbalized, um, that established 24 that he's gone from this early kind of crisis 25 place and into a more stable spot, and he was on</p>
<p style="text-align: right;">71</p> <p>1 another date on that list. 2 Q. So do you recall when you made the connection 3 between the fact that you had scheduled this 4 person to be seen, and he had hung himself? 5 A. The connection that I'm aware of, was only when 6 I got called for this case. 7 Q. Okay. So that was the first time you were aware 8 of the fact that you actually scheduled 9 Mr. Lynas to be seen on the 16th and he didn't 10 make it that far? 11 A. Correct. 12 MR. BENNETT: I think that's all the 13 questions I have. 14 MS. NEARING: I have a couple, just to 15 clear up. 16 EXAMINATION 17 BY MS. NEARING: 18 Q. On Exhibit 14, the Mental Health Referral, you 19 were asked about your notation and the fact that 20 there's not a date on that form. And I can 21 represent to you that November 5, 2017 was a 22 Sunday. So can you speak to the custom and 23 practice of the process of seeing this, then, 24 when you would come in on a Monday? 25 A. Yes. They would typically put the referral in</p>	<p style="text-align: right;">73</p> <p>1 a 15-minute watch, and it would -- it would 2 appear there's a lot of pieces in place. 3 Q. And I know you don't recall specifically, but 4 you read Alyssa Pfeifer's note today, and 5 presuming that everything she wrote in there is 6 accurate and true, does that help inform what 7 your clinical judgment would have been at that 8 time? 9 A. I think it -- if I was involved in that, and 10 that's the information we discussed, I'm sure 11 there's a lot of other -- more other pieces. 12 That's a horrible sentence, but... 13 She's very thorough and detailed. And 14 typically our standard practice is to meet 15 face to face, consult, go through all the 16 issues, and if they are -- if they look like 17 they're stabilized, especially when they give 18 him that packet to begin the mental health 19 process, they're getting kind of a sense for how 20 stable they are at that time, whether they -- 21 the patient wants more urgent referrals, or 22 they're in distress, that's more significant. 23 And oftentimes the information we get, like a 24 high BDI, is from days prior, and they're more 25 stabilized by the time she sees them, than it</p>

19 (Pages 70 to 73)



Michael Robertson

6/20/2019

<p style="text-align: right;">74</p> <p>1 looks like there. So I presume that was what</p> <p>2 was happening in this case.</p> <p>3 Q. And you mentioned -- or you were asked about</p> <p>4 there not being suicide assessment forms done</p> <p>5 after Alyssa Pfeifer's on the 5th, but you</p> <p>6 mentioned something called the "mental health</p> <p>7 packet."</p> <p>8 A. Right.</p> <p>9 Q. Is there a correlation? Or what does that mean?</p> <p>10 A. Well, they -- the "mental health packet" is</p> <p>11 essentially a calendar where they describe moods</p> <p>12 and activities to help get a sense for their</p> <p>13 functioning. And I think -- and we usually try</p> <p>14 to get a couple weeks of that data and then kind</p> <p>15 of participating and sharing that.</p> <p>16 In addition, I think -- now I lost my train</p> <p>17 of thought, but...</p> <p>18 Q. The purpose of the mental health packet is what</p> <p>19 I was --</p> <p>20 A. Yeah.</p> <p>21 Q. -- asking about.</p> <p>22 MS. NEARING: Okay. And that's all I</p> <p>23 have.</p> <p>24 MR. HIVELEY: I have no questions.</p> <p>25 FURTHER EXAMINATION</p>	<p style="text-align: right;">76</p> <p>1 A. Correct.</p> <p>2 Q. There's no indication that he's seen by any</p> <p>3 mental health provider, because that would be</p> <p>4 you; correct?</p> <p>5 A. Correct.</p> <p>6 Q. There's no indication that anyone checked to see</p> <p>7 if he was taking the drugs, or whether the drugs</p> <p>8 were effective; correct?</p> <p>9 A. I don't know if that's accurate.</p> <p>10 Q. Well, I'm showing you Exhibit 11, which shows</p> <p>11 the -- the prescription and -- and hydroxyzine,</p> <p>12 and that he took three out of the pack; correct?</p> <p>13 He may have had one from the stock thing to get</p> <p>14 him going --</p> <p>15 A. Okay.</p> <p>16 Q. -- by -- according to Waagmeester or Thompson,</p> <p>17 but it shows that he got three in the medical</p> <p>18 administration record; correct?</p> <p>19 A. Hmm, yes.</p> <p>20 Q. There's no indication that they worked or didn't</p> <p>21 work, is there?</p> <p>22 A. Well, there might not have been -- that doesn't</p> <p>23 mean techs weren't talking and communicating</p> <p>24 with him, or I don't know --</p> <p>25 Q. You realize that an institution, like Sherburne</p>
<p style="text-align: right;">75</p> <p>1 BY MR. BENNETT:</p> <p>2 Q. There's no notation by you, that this is going</p> <p>3 to be handled either typically or customarily,</p> <p>4 is there? On any -- on any document?</p> <p>5 A. No. Except for the fact that it's so routinely</p> <p>6 in place when you look through history notes.</p> <p>7 Q. But when you said what do you do, you</p> <p>8 normally -- you said you normally note the date</p> <p>9 you do something; correct? And that's the</p> <p>10 custom and practice in medical charting, isn't</p> <p>11 it?</p> <p>12 A. Yes. Yeah.</p> <p>13 Q. And -- and the fact of the matter is, after the</p> <p>14 5th, do you know what -- what happened to</p> <p>15 Mr. Lynas?</p> <p>16 A. I think we've been talking about that.</p> <p>17 Q. Yeah. You see no more suicide forms filled out;</p> <p>18 correct?</p> <p>19 A. Correct.</p> <p>20 Q. You don't see any contact with any nurse after</p> <p>21 that, until they respond to the code blue;</p> <p>22 correct?</p> <p>23 A. Not that -- that's correct.</p> <p>24 Q. And there's no indication that he's seen by any</p> <p>25 medical provider; correct?</p>	<p style="text-align: right;">77</p> <p>1 County, has a -- has a constitutional duty to</p> <p>2 provide adequate mental health and medical care;</p> <p>3 correct?</p> <p>4 A. Yeah.</p> <p>5 Q. And you can't make the inmate responsible for</p> <p>6 that, can you?</p> <p>7 A. No.</p> <p>8 Q. Okay. So you didn't know that he'd only taken</p> <p>9 three of the pills out of the pack?</p> <p>10 A. No.</p> <p>11 Q. Did you know he got in a fight, was moved to</p> <p>12 special housing?</p> <p>13 MR. HIVELEY: I --</p> <p>14 THE WITNESS: I know --</p> <p>15 MR. HIVELEY: Hold on.</p> <p>16 I object to form.</p> <p>17 THE WITNESS: I know there's something</p> <p>18 that happened that moved him.</p> <p>19 BY MR. BENNETT:</p> <p>20 Q. But you didn't know that before the 16th of</p> <p>21 November, did you?</p> <p>22 A. No.</p> <p>23 Q. So there really wasn't any follow-up on his</p> <p>24 mental health after the 5th, is there, other</p> <p>25 than giving him three pills; right?</p>

20 (Pages 74 to 77)

Michael Robertson

6/20/2019

<p style="text-align: right;">78</p> <p>1 <b>A. Well, I think there -- you mean, specific to</b>  2 <b>mental health, or medical, or --</b>  3 Q. Either.  4 <b>A. Yeah. Because I thought they did respond. He</b>  5 <b>was hospitalized, and there was a bunch of</b>  6 <b>things that happened.</b>  7 Q. At -- post hanging?  8 <b>A. Well, you're saying up to the 16th, so --</b>  9 Q. Well, okay. Well, let's -- let's go back and  10 restrict that question --  11 <b>A. Sorry.</b>  12 Q. -- to the 9th; how about that?  13 <b>A. I was just trying to --</b>  14 Q. Between the 5th and the 9th, what was done to  15 him in any form or fashion by any medical  16 personnel or mental health provider?  17 <b>A. Correct. There's no -- nothing more, except for</b>  18 <b>the watches that he was on.</b>  19 Q. Except for three pills?  20 <b>A. And three pills.</b>  21 Q. But we don't -- there's no notation whether he  22 found them helpful?  23 <b>A. I don't know how to --</b>  24 Q. Well --  25 <b>A. -- speak to that.</b></p>	<p style="text-align: right;">80</p> <p>1 Q. Well, it's also an artifice for not having to  2 say whether he refused or not? Or for putting  3 the person's medical care into his own hands?  4 MS. NEARING: Objection.  5 THE WITNESS: I don't know how to  6 answer.  7 MS. NEARING: Mischaracterizing the  8 record and testimony.  9 BY MR. BENNETT:  10 Q. The Mayo Clinic dosage for adults, for anxiety,  11 is adults, 50 to 100 milligrams four times a  12 day; correct?  13 <b>A. That's what it says there, yeah.</b>  14 Q. That's the Mayo Clinic -- you recognize that  15 little logo, don't you?  16 <b>A. Uh-huh.</b>  17 Q. The Mayo Clinic logo? That's off their website.  18 And he was ordered by MEnD to take one  19 tablet, at 50 milligrams, twice a day; right?  20 <b>A. (Nodding head.)</b>  21 Q. And they made the decision to do it as needed?  22 <b>A. Okay.</b>  23 Q. Is that what the record reflects?  24 <b>A. Yes.</b>  25 Q. Showing you Exhibit 11, that what I've said is</p>
<p style="text-align: right;">79</p> <p>1 Q. -- do you see any notation that he'd found the  2 pills helpful?  3 <b>A. I didn't see any notation --</b>  4 Q. Or --  5 <b>A. -- to indicate that.</b>  6 Q. Or unhelpful?  7 <b>A. Right. I think the original question may have</b>  8 <b>thrown me because you asked if there was</b>  9 <b>monitoring or any kind of thing, and sometimes</b>  10 <b>I think we do get information from techs about,</b>  11 <b>"He doesn't like this med. It's not making" --</b>  12 <b>you know, and they might come back and say</b>  13 <b>something, or, "He's not taking," or "He's</b>  14 <b>refusing," but there's no indication there.</b>  15 Q. No. He didn't mark "Refused"; right?  16 <b>A. No.</b>  17 Q. Which you can do?  18 <b>A. True. So...</b>  19 Q. And I know it's "as needed." It's put "as  20 needed." Is that what you want to do, if you  21 want to make sure he takes the medication?  22 <b>A. Well, I think some of these meds are -- when</b>  23 <b>they're PRN, as needed -- if it's helpful, it's</b>  24 <b>helpful. But if the person doesn't feel like</b>  25 <b>it's helping them, they might not take it.</b></p>	<p style="text-align: right;">81</p> <p>1 true?  2 <b>A. Yes.</b>  3 Q. Okay. So you typically indicate when the date  4 you review something; is that true?  5 <b>A. When I see them, when he's referred and I'm</b>  6 <b>scheduling or there's a consult, what I</b>  7 <b>typically do is schedule based on time frame.</b>  8 Q. No. But when you get a medical record to  9 review, and you go over that with the nurse --  10 because you have a Monday morning meeting, isn't  11 that what it is? Do they come in and talk to  12 you, too?  13 <b>A. We go to the meeting --</b>  14 Q. And they would go over the --  15 <b>A. -- or --</b>  16 Q. Would they go over the urgent referrals and the  17 other referrals of that week?  18 <b>A. Yes.</b>  19 Q. And wouldn't you note that it was reviewed by  20 you on -- typically on 11/6, that Monday, if you  21 did it?  22 <b>A. We would typically, yes.</b>  23 Q. And so what's typically done, what you typically  24 do with regard to the record, didn't happen on  25 November 14th -- or on Exhibit 14?</p>

21 (Pages 78 to 81)



Michael Robertson


6/20/2019

<p style="text-align: right;">82</p> <p>1 <b>A. No, I don't know if that's what I'm saying at</b>  2 <b>all.</b>  3 Q. There's no notation anywhere in the record that  4 you reviewed any --  5 <b>A. True.</b>  6 Q. -- anything on any particular day, is there?  7 <b>A. True.</b>  8 Q. And normally and typically there would be?  9 <b>A. When I meet with them, yes. In the setting --</b>  10 <b>this has typically been a consult, that's</b>  11 <b>face to face, that the nurses are charting, and</b>  12 <b>I'm relying on that to suffice that they did</b>  13 <b>consult with me and I'm scheduling.</b>  14 Q. Okay. Their note, not yours?  15 <b>A. Correct.</b>  16 Q. Okay. Well, wouldn't you chart your decision  17 that, you know, "Patient A needs to be seen  18 today. Patient B needs to be seen tomorrow.  19 Patient Lynas can be seen 11 days from now, and  20 for this reason"?  21 <b>A. It --</b>  22 Q. Okay.  23 <b>A. It would be scheduled in a schedule --</b>  24 Q. Yeah.  25 <b>A. -- and the nurses would be aware of that, or</b></p>	<p style="text-align: right;">84</p> <p>1 <b>A. I think that's probably true. I don't know if I</b>  2 <b>had information to that effect at that time</b>  3 <b>anyways.</b>  4 Q. Well, if Pfeifer is so good, she would have told  5 you that; right?  6 <b>A. You would think so, but I don't know.</b>  7 Q. And there's no record that you ever looked at  8 the Beck Depression Inventory that was actually  9 done, to see if it was scored properly?  10 <b>A. No, it's used in my mind as a hurdle. If</b>  11 <b>they're identifying a lot of symptoms, it's</b>  12 <b>concerning. And then if they've met with them</b>  13 <b>and had some discussions and there's a lot of</b>  14 <b>things in place that appear to ensure they're</b>  15 <b>stabilized, it's a review of all of those</b>  16 <b>factors combined, not just a single item that</b>  17 <b>contributes to the decision.</b>  18 Q. Well, tell me, what was -- what were the factors  19 in place to make sure Lynas is stabilized? I  20 fail to see one.  21 <b>A. Well, it looks as though he was cooperatively,</b>  22 <b>openly speaking with a nurse about his symptoms,</b>  23 <b>his feelings, his struggles. About his plans,</b>  24 <b>his future plans, and that he was going to go to</b>  25 <b>treatment, he repeated that a number of times.</b></p>
<p style="text-align: right;">83</p> <p>1 <b>could see that, and oftentimes they would go</b>  2 <b>back and check that schedule and see where the</b>  3 <b>person is on there.</b>  4 Q. But you didn't chart your reasoning for  5 scheduling on the 16th, rather than on days  6 prior to that, did you?  7 <b>A. Could you repeat that?</b>  8 Q. Well, you didn't say -- you didn't make a note  9 in the medical record that said, "I determined  10 that this guy could wait 11 days." You didn't  11 do that?  12 <b>A. Correct.</b>  13 Q. And you didn't say, "I determined he could wait  14 11 days because of factors A, B, C and D"; you  15 didn't do that, did you?  16 <b>A. Correct.</b>  17 Q. Okay. You didn't call the medical provider to  18 see how urgently the medical provider wanted him  19 to be seen?  20 <b>A. Correct.</b>  21 Q. And at least the medical provider said that she  22 told Pfeifer she wanted him seen urgently.  23 <b>A. That's what you showed me in her notes.</b>  24 Q. And "urgently" wouldn't mean 11 days later,  25 would it?</p>	<p style="text-align: right;">85</p> <p>1 <b>That he had these options available to go early</b>  2 <b>and maybe on a work release, if I'm recalling</b>  3 <b>these notes. And then to not harm himself, and</b>  4 <b>also to report any concerns to staff. And with</b>  5 <b>that in place, oftentimes patients come in and</b>  6 <b>they're in more acute distress; and when they</b>  7 <b>get sentenced, and have this clear plan of</b>  8 <b>what's happening, and are able to articulate</b>  9 <b>their own plan, they stabilize. And he was</b>  10 <b>demonstrating a lot of things that suggest that</b>  11 <b>he was stabilized and --</b>  12 Q. Okay.  13 <b>A. -- doing --</b>  14 Q. Not coping? That was -- is that a record of  15 stabilization?  16 <b>A. In relative terms, comparative to where he had</b>  17 <b>been --</b>  18 Q. Well, you --  19 <b>A. -- prior.</b>  20 Q. You went through your list of things that were  21 in that note, but "not coping" is --  22 <b>A. True.</b>  23 Q. -- is --  24 <b>A. From recall, after just seeing. Yes, I think</b>  25 <b>"not coping" was one of the things he described.</b></p>

22 (Pages 82 to 85)

Michael Robertson

6/20/2019

<p style="text-align: right;">86</p> <p>1 Q. Uh-huh. He referred to himself as crazy; right?</p> <p>2 <b>A. Probably --</b></p> <p>3 MS. NEARING: That misstates the record.</p> <p>4 BY MR. BENNETT:</p> <p>5 Q. He reports that his insomnia is maddening, his</p> <p>6 mind is going crazy; do you remember that?</p> <p>7 <b>A. I remember that, yes.</b></p> <p>8 Q. Thoughts going through him, with many emotions,</p> <p>9 like frustration, irritation, and then</p> <p>10 emotional? That's in that note?</p> <p>11 <b>A. Correct.</b></p> <p>12 Q. And he says, "Honestly," with regard to his</p> <p>13 mental -- how he's coping with his mental</p> <p>14 health, he states, quote, "Honestly, I'm</p> <p>15 suffering and not coping with it."</p> <p>16 <b>A. That sounds like what he said.</b></p> <p>17 Q. Plus he's on opiate withdrawal?</p> <p>18 <b>A. I think at that point he might have been at</b></p> <p>19 <b>least part -- partway past that, and he was --</b></p> <p>20 <b>yes.</b></p> <p>21 Q. He got in on the 1st. This is now the 5th.</p> <p>22 He'd be partway past it?</p> <p>23 <b>A. I don't know. I didn't know the date that</b></p> <p>24 <b>you're -- I don't know when they took him off</b></p> <p>25 <b>the withdrawal protocol, because typically they</b></p>	<p style="text-align: right;">88</p> <p>1 that.</p> <p>2 <b>A. Yeah. Whether that was -- whether I reviewed</b></p> <p>3 <b>that specific note, or she verbalized that at</b></p> <p>4 <b>the time, and then I signed the referral, I</b></p> <p>5 <b>don't know.</b></p> <p>6 MR. BENNETT: Do you need this</p> <p>7 (referencing curriculum vitae)? I can make</p> <p>8 another copy.</p> <p>9 MS. NEARING: (Gesturing.)</p> <p>10 THE WITNESS: I'm not trying to -- I'm</p> <p>11 just -- I'm trying to be accurate.</p> <p>12 MR. BENNETT: Okay.</p> <p>13 I don't have any further questions.</p> <p>14 MS. NEARING: I don't have any.</p> <p>15 THE WITNESS: Okay.</p> <p>16 MR. HIVELEY: No questions.</p> <p>17 MS. NEARING: We'll read and sign.</p> <p>18 VIDEOGRAPHER: This concludes the video</p> <p>19 deposition. It is 1:28 p.m.</p> <p>20 MR. BENNETT: Thank you.</p> <p>21 THE WITNESS: Thank you.</p> <p>22 (Concluded at 1:28 p.m.)</p> <p>23 * * *</p> <p>24</p> <p>25</p>
<p style="text-align: right;">87</p> <p>1 <b>would have him in the booking area if he was</b></p> <p>2 <b>still on that.</b></p> <p>3 Q. He reports (as read), "definitely feeling</p> <p>4 depressed, and my anxiety is going through the</p> <p>5 roof." That's in that same chart note, isn't</p> <p>6 it?</p> <p>7 <b>A. Right. So she was probably writing down his</b></p> <p>8 <b>words and also talking to him and trying to get</b></p> <p>9 <b>clarification --</b></p> <p>10 Q. Uh-huh.</p> <p>11 <b>A. -- so...</b></p> <p>12 Q. Okay. Well, if she wrote that down on the 5th,</p> <p>13 you think typically you'd note that on the 6th?</p> <p>14 <b>A. If -- if the consult, through the consult, yes,</b></p> <p>15 <b>if she wrote that and we reviewed it. Um --</b></p> <p>16 Q. Hmm.</p> <p>17 <b>A. I don't know how that -- if it was part of that</b></p> <p>18 <b>referral packet, yes.</b></p> <p>19 Q. And it was, wasn't it?</p> <p>20 <b>A. I think you looked for that other -- another</b></p> <p>21 <b>sheet. I think it might have been a verbal</b></p> <p>22 <b>consult.</b></p> <p>23 Q. I think --</p> <p>24 <b>A. I'm trying to --</b></p> <p>25 Q. I think your attorney helped -- helped us with</p>	<p style="text-align: right;">89</p> <p>1 STATE OF MINNESOTA )</p> <p>2 : ss CERTIFICATE</p> <p>3 COUNTY OF WASHINGTON)</p> <p>4 I, Janet D. Winberg, hereby certify that</p> <p>5 I reported the video deposition of MICHAEL T.</p> <p>6 ROBERTSON, PsyD, LP, on the 20th day of June,</p> <p>7 2019, in Elk River, Minnesota, and that the</p> <p>8 witness was, by me, first duly sworn to tell the</p> <p>9 truth;</p> <p>10</p> <p>11 That the testimony was transcribed by me and is</p> <p>12 a true record of the testimony of the witness;</p> <p>13 That I am not a relative, or employee, or</p> <p>14 attorney, or counsel of any of the parties; or a</p> <p>15 relative or employee of such attorney or</p> <p>16 counsel;</p> <p>17</p> <p>18 That I am not financially interested in the</p> <p>19 action and have no contract with the parties,</p> <p>20 attorneys or persons with an interest in the</p> <p>21 action that affects or has a substantial</p> <p>22 tendency to affect my impartiality;</p> <p>23</p> <p>24 That the right to read and sign the transcript</p> <p>25 by the witness was reserved.</p> <p>WITNESS MY HAND AND SEAL THIS 25th day of June,</p> <p>2019.</p> <p>Janet D. Winberg</p> <p>JANET D. WINBERG Registered Professional Reporter Notary Public Washington County, Minnesota.</p> 

23 (Pages 86 to 89)

Michael Robertson  
6/20/2019

90	<p>1 STATE OF MINNESOTA ) 2 : SS CERTIFICATE 3 COUNTY OF WASHINGTON) 4 I, MICHAEL T. ROBERTSON, PsyD, LP, certify 5 that I have read and examined the typewritten 6 transcript of the video deposition taken of me 7 in the matter of Lynas vs. Linda S. Stang, 8 et al., on June 20, 2019, consisting of the 9 preceding pages, and find the same to be true 10 and correct (Except as follows): 11 Reason 12 Page Line Correction for Change 13 _____ 14 _____ 15 _____ 16 _____ 17 _____ 18 _____ 19 _____ 20 _____ 21 _____ 22 _____ 23 Dated this ____ day of _____ 24 _____ 25 MICHAEL T. ROBERTSON, PsyD, LP</p>	92	<p>1 Exhibit 20 2 Suicide risk screening forms 3 Referenced. ....55 4 5 Exhibit 22 6 Flow Sheets - Chemical Withdrawal form, 7/6/17 7 Referenced.....25 8 9 Exhibit 23 10 Chemical withdrawal questionnaire form, 7/17 11 Referenced.....26 12 13 Exhibit 24 14 Chemical withdrawal questionnaire, 11/1/17 15 Referenced.....26 16 17 Exhibit 25 18 Flow Sheet - Chemical Withdrawal form, 11/1/17 19 Referenced.....26 20 21 Exhibit 26 22 Electronic charting forms 23 Referenced.....26 24 25</p>
91	<p>1 EXAMINATION INDEX 2 3 By Mr. Bennett: 4-71, 74-88 4 5 By Ms. Nearing: 71-74 6 7 EXHIBIT INDEX 8 9 Exhibit 10 10 Beck Depression Inventory-II (BDI-II), pages 1 and 2 11 Referenced.....23 12 13 Exhibit 11 14 Hydroxyzine HCL 50 MG tab prescription 15 (photo of blister pack) 16 Referenced.....76 17 18 Exhibit 13 19 Email communications (various) 20 Referenced.....4 21 22 Exhibit 14 23 MEnD Mental Health Referral Form, 11/5/17 24 Referenced.....16 25 26 Exhibit 15 27 MEnD Special Precautions/Management form, 11/5/17 28 Referenced.....19 29 30 Exhibit 16 31 Pfeifer encounter/chart note, 11/5/17 32 Referenced.....19 33 34 Exhibit 17 35 MEnD medical provider position description 36 Referenced.....27</p>		

Michael Robertson  
6/20/2019

Page 93

A					
a.m. 1:12 3:6 18:3,6		approximately 3:6		62:13	
Aaron 23:5		area 23:11 42:8 68:23 87:1		better 6:18,19 47:21 56:7	
ability 64:10,13		areas 54:7		64:10	
able 35:17 85:8		Argosy 44:24		beyond 9:5	
accept 52:21		arrived 7:24		big 61:15	
accompli 68:1		articulate 85:8		bins 72:1	
accurate 73:6 76:9 88:11		artifice 80:1		Birrell 2:3,23	
acronym 43:15		arts 42:4		bit 40:12	
act 4:18 12:15 38:7 68:1		asked 16:23 20:8,14 21:3		blister 91:11	
action 89:11,12		45:21 53:22 71:19 74:3		Bloomington 2:9	
activities 74:12		79:8		blue 67:25 75:21	
actual 8:9 19:15 29:3		asking 63:16 74:21		board 47:11	
36:11 55:24		asks 61:24		booking 64:8 87:1	
acute 85:6		assessed 48:19		box 72:1,2	
added 9:22 11:3		assessment 20:2,6,7		Boys' 44:14	
addiction 59:6		27:13 31:5 55:25 74:4		break 9:4 57:9 63:17	
addition 9:21 74:16		assessments 50:1 55:20		Brian 7:11,20 22:10 26:22	
addressed 21:13		assistant 28:16 43:25		29:21 32:13 33:3	
adequate 77:2		53:25 54:3		briefly 12:8,9 33:15	
administer 3:16 48:9		associated 9:25		broad 61:18	
49:16		assume 34:4 51:22,25		broader 47:17	
administered 60:18		assure 63:22		brochures 43:1	
administration 7:17,24		attached 17:1,4		bunch 42:16 56:25 78:5	
76:18		attempt 8:10 56:3		business 1:15 44:25	
administrative 32:11		attempts 20:18 59:3			
adolescents 43:16 49:25		attention 4:16,24		C	
adult 61:7		attorney 2:3,8,12 3:7 39:9		C 1:4 3:1 83:14	
adults 80:10,11		87:25 89:8,9		calendar 74:11	
advanced 28:12 54:8		attorneys 89:11		California 49:11	
advised 68:25		Austin 43:23 44:13		call 8:5 12:17,18 41:11	
affect 89:12		automatically 23:1		54:22 55:5 83:17	
affirmative 46:7 48:5		available 20:15 55:8 85:1		called 3:21 55:7 61:14	
age 51:6		Avenue 2:9		68:19 71:6 74:6	
ago 20:23		avenues 12:4		care 12:15 42:15 45:23	
agree 13:3,6 51:15 52:1		aware 5:6 13:9,9 15:6,8		46:3,8 61:20 77:2 80:3	
57:17,20		38:3,18 39:16 41:2,5		Carolyn 2:12	
Ah 10:23 18:18		45:17 54:17 58:12 71:5		Carr 32:13 33:5	
ahead 10:8,15 69:9		71:7 82:25		Carrie 3:11 17:8	
al 1:6 90:7				case 1:2 5:8,23 7:15 12:2	
alert 9:23 34:23 35:23		B		35:12 39:3,10,24 62:8	
38:21,22 39:1 68:12		B 82:18 83:14		62:20 71:6 74:2	
alerts 30:3		B- 22:15		caseload 69:4 70:4	
Allison 50:6,8		bachelor 42:4		cases 8:1,8 56:6	
allowed 65:6		back 20:24 22:1,3 62:9		ceased 46:25	
alternative 42:11,25 43:18		78:9 79:12 83:2		cell 21:21 64:15 65:7	
Alyssa 29:23 50:7,8 51:15		banger 11:12,19		Center 1:15	
55:16 63:7 73:4 74:5		base 22:24 35:14		certain 6:5 14:11,11 23:21	
Alyssa's 55:17		based 29:19 31:25 81:7		61:10 63:6	
and/or 32:10		basis 56:18		certainly 12:3 23:3 31:22	
Anoka 20:1		BDI 6:1 13:18 20:4,8 22:14		40:17 56:16	
answer 10:15 36:1 60:18		22:20,22 23:4,5,12		CERTIFICATE 89:1 90:1	
66:8 70:20 80:6		24:14 34:7 54:21 73:24		certify 89:3 90:3	
answering 68:13		BDI-II 91:8		chance 50:22	
anti- 66:19		Beck 13:10 14:3,8,16,22		change 58:2 64:2,18	
anti-anxiety 61:2		15:4 23:5 24:24 27:20		90:10	
antianxiety 30:24		48:9 84:8 91:8		changes 58:25 66:8	
antidepressant 30:20,23		began 46:25		chart 25:2 29:15 82:16	
antihistamine 60:23,24		beginning 5:17		83:4 87:5	
anxiety 21:17 60:16 61:7		behalf 2:2,7,11 3:10,12		charting 15:13 75:10	
65:18 66:20 80:10 87:4		behavior 8:13 50:4		82:11 92:14	
anybody 34:6 37:8,22		behaviors 35:22,23		charts 25:25 29:15	
45:19 67:20,21		belief 24:7		check 9:9 69:7 83:2	
anymore 44:25		believe 13:24 14:2,6 17:20		checked 64:22,24 68:5	
anyways 84:3		34:14 37:25 39:20 45:6		76:6	
apart 9:4 45:2		70:16		checks 9:7,10,20	
apologize 48:8		believed 52:19 55:11		chemical 20:1 26:2,5,8,8	
appear 18:9 19:12 25:20		bell 50:20		26:11 50:1 92:4,6,9,11	
25:21,24 26:3,6 73:2		Benadryl 60:23		Chief 19:23 29:25	
84:14		benefit 10:17		children 42:13 49:24	
APPEARANCES 2:1		Bennett 2:3,3,23 3:9,9 4:2		China 15:5,9	
appearing 3:9,11		10:7 12:5,6 17:7,12,16		Chris 33:3	
appetite 58:2		17:19,24 18:1,7 57:16		chronic 58:6	
application 45:11		61:21,22 71:12 75:1		circled 18:13	
applied 14:10		77:19 80:9 86:4 88:6,12		circumstance 14:11	
approved 32:15		88:20 91:2		circumstances 47:6	
		best 21:8 30:18 60:5,7		clarification 7:20 87:9	
				clarified 53:24 63:8	
				clarify 8:17 17:18,18	
				41:16 59:24,25 60:2	
				62:5	
				clear 7:13 41:21 71:15	
				85:7	
				clients 45:12	
				clinic 20:10 22:7 23:17	
				33:25 36:19 39:25 40:4	
				40:8 61:14 80:10,14,17	
				clinical 29:3 44:22 45:11	
				50:3,4 60:6 73:7	
				Cloud 44:14	
				cnearing@larsonking.c...	
				2:15	
				code 67:25 68:18 75:21	
				cognitive 23:7	
				combat 66:19	
				combined 84:16	
				come 24:12 65:9 70:18,21	
				71:24 79:12 81:11 85:5	
				comes 34:25 37:5	
				coming 51:9 60:3	
				commit 37:22 52:17	
				committed 4:5,18 5:6 38:5	
				69:2	
				committee 47:12	
				communicating 76:23	
				communications 91:13	
				community 43:16,17 44:4	
				comparative 85:16	
				Competency 49:24	
				Complaint 19:23 29:25	
				completely 20:3	
				computer 15:16,18 26:25	
				38:21	
				concerned 51:19 69:3	
				concerning 84:12	
				concerns 35:23 56:18	
				85:4	
				Concluded 88:22	
				concludes 88:18	
				conditions 50:23,25 59:21	
				Condon 2:8	
				conduct 11:21	
				conducted 40:13	
				confirming 12:23	
				confused 68:15	
				confusing 8:1,19 11:13	
				41:15,17	
				connection 66:1,5 71:2,5	
				consider 40:15 49:1 52:24	
				61:16	
				considered 28:19	
				consistent 14:2 25:16,17	
				consisting 90:7	
				consists 63:11	
				constitutes 13:7	
				constitutional 77:1	
				consult 4:12 16:2 29:19	
				46:1,19 55:2,18 72:16	
				72:20 73:15 81:6 82:10	
				82:13 87:14,14,22	
				consulted 6:2,6 46:17	
				contact 46:9 75:20	
				contacted 39:9,12	
				contained 17:10	
				context 51:21 52:4 62:6	
				continued 20:24	
				continuum 12:1,3	
				contract 89:11	
				contributes 84:17	
				conversations 58:13,17	
				cooperatively 25:9 84:21	
				coping 12:14 21:3,5 85:14	
				85:21,25 86:13,15	
				copy 88:8	
				correct 4:20 5:3,5 6:24,25	
				7:3,9 9:8,9 10:11 11:6	
				14:17,18,20 18:23 19:3	
				19:5,7,9,9,17 22:20	
				23:14 24:25 25:4,5 26:3	
				29:5 31:3,7,12,13,17	
				36:6 40:5 42:6 43:22	
				44:2,11,17,23 47:1,4	
				50:4,5,15 52:19 53:5,15	
				53:17 54:5,10 58:10	
				59:15,16 60:9,11 65:25	
				67:9 69:20 71:11 72:14	
				75:9,18,19,22,23,25	
				76:1,4,5,8,12,18 77:3	
				78:17 80:12 82:15 83:12	
				83:16,20 86:11 90:9	
				correctional 13:15,17	
				14:4 38:14,22 63:24,25	
				corrections 9:24,24	
				correlate 56:3	
				correlation 74:9	
				counsel 89:8,9	
				counseling 31:1 42:22	
				44:4	
				country 53:18	
				County 1:14 2:7 3:14 4:5	
				4:19 7:2,8 9:14 13:22	
				23:17 32:1,4 33:13,17	
				33:19 37:10 39:17 41:5	
				42:10,24 45:15 58:14	
				67:23 77:1 89:2,22 90:2	
				County's 10:5	
				couple 26:23 71:14 74:14	
				court 1:1,24 3:16 6:18	
				21:6 35:13 39:20,23	
				crazy 21:23 86:1,6	
				created 53:10	
				crisis 72:24	
				cross-cultural 15:4	
				Crystal 28:5 55:10 62:21	
				66:2	
				curiosity 49:17	
				current 22:1	
				currently 21:3	
				curriculum 42:3 88:7	
				custom 71:22 75:10	
				customarily 72:12 75:3	
				cut 38:1	
				CV 49:22	
				CW 20:8 28:5	
				D	
				D 1:24 3:1 83:14 89:3,21	
				daily 47:20	
				dash 6:1	
				data 4:11 12:23 72:23	
				74:14	
				date 3:5 15:19,24 29:6,13	
				29:17 57:3,4 70:17,21	
				71:1,20 75:8 81:3 86:23	
				Dated 90:23	
				dates 5:16 12:24 56:20	
				daughter 22:4	
				daughter, 20:17	
				Dave 32:13	
				David 1:3 2:2	
				day 16:9,10,15,16 21:19	
				36:22 63:19 65:7,12	
				70:19 72:7,9,10,10	
				80:12,19 82:6 89:4,15	
				90:23	
				days 21:8 24:14 29:12	
				34:3,4 36:20 50:12 63:1	
				63:15,20 73:24 82:19	
				83:5,10,14,24	

Michael Robertson  
6/20/2019

Page 94

deal 21:2 December 4:16 5:1,2 decide 31:20 47:14 decided 35:4 44:15 decision 10:3 27:4 28:22 60:8 80:21 82:16 84:17 decision-making 58:20 61:17 decisions 36:10 Defendants 1:7 2:7,11 3:12,14 define 8:18 defines 23:23 defining 46:5 definitely 21:16 35:21 36:7 38:12 55:8 87:3 degree 6:24 42:19,22 44:21 delivered 2:23 delivering 68:10 demonstrating 85:10 denies 20:13,17 denotes 26:15 department 51:14 depend 36:21 dependency 50:2 Depending 62:2 depends 63:16,21 deposed 39:3,14 deposition 1:9 3:4 66:17 88:19 89:3 90:5 depressed 21:16 48:12 87:4 depression 13:6,8,10 14:3 14:16,22 15:5 22:23 23:13 24:8,13,24 25:12 27:20 48:9,14 84:8 91:8 describe 23:10 36:8 74:11 described 7:22 85:25 description 91:23 designed 34:22,22 48:18 detailed 48:20 51:3 73:13 details 68:4 detainee 15:14 determination 30:9 determine 62:12 determined 83:9,13 diagnosis 21:10 31:4 die 57:21 died 38:8 46:13 difference 7:21 45:10 different 11:17 13:1 36:4 48:16 49:7 53:11 55:5 direct 4:15 directed 32:2 directives 46:11 directly 57:20 72:16 disciplined 47:9,11 discovery 17:6 discrepancy 56:8 discussed 12:9 73:10 discussion 7:11 8:4 18:4 32:17,18,20 discussions 4:3 10:16 38:4 39:2 59:18 84:13 disorder 35:18 36:12 disorders 34:20 36:2 dissuade 24:6 distance 55:6 distress 24:11 65:19 73:22 85:6 distressed 57:17 distributed 38:25 DISTRICT 1:1 diversity 47:22 doctor 13:14 53:7 60:20	doctoral 44:21 doctors 62:15,18 document 15:13 17:5 52:6 75:4 doing 38:11,11 42:12,21 43:2 58:17 63:22 85:13 dosage 80:10 dose 47:20 61:6 doubled 9:10 doubt 15:7 Dr 3:4 4:3 39:4,7 52:14 53:6,7 Drive 1:15 drug 21:10 59:6,6,20 66:19,20 drugs 21:15 59:14 76:7,7 DSM-V 31:4 dual 21:10 due 5:25 22:19 duly 3:21 89:5 duty 77:1 dynamic 56:11	44:25 91:1 examined 3:22 90:4 example 15:6 45:19 48:15 exception 46:1 excuse 20:20 21:20 27:14 32:8 50:8 exhibit 4:14,15 16:19,25 18:8 19:10,14 23:14 25:21,24 26:3,6,8,11,16 27:13,24 29:24 30:10 55:25 66:12 71:18 76:10 80:25 81:25 91:6,7,10 91:13,15,18,20,23 92:1 92:3,6,8,11,13 Exhibits 2:25 existed 32:19 exists 17:11 expect 36:5,5 expectation 63:14 expectations 61:25 62:15 expected 62:17,25 63:4 experiences 51:10 expert 40:15 61:16 explain 7:7 66:15 explained 56:9 explaining 63:10 explored 23:24 extravagant 35:22	flow 25:25 26:12 92:4,11 fluctuating 56:11 fluent 20:3 FNP 20:8 focus 45:12 folks 38:20 follow-up 11:16 46:2,3 77:23 following 63:11 follows 3:22 90:9 for-profit 45:5 form 17:5 38:24,25 46:20 55:25 56:1,4,14 66:12 71:20 77:16 78:15 91:16 91:18 92:4,6,11 formal 56:17 forms 27:18 55:22,23,24 56:16,21 66:25 74:4 75:17 92:1,14 forthwith 39:21 forward 25:8 70:18,25 72:21 forward-looking 52:10 forwarded 7:16 foster 42:15 found 78:22 79:1 Foundation 10:6 11:23 four 21:6,9 24:14 80:11 frame 37:7 81:7 Frank 7:12 22:10 26:22 29:21 32:13 33:3 freedom 65:23 frequently 50:9,24 Friday 34:5 frustration 21:24 65:19 86:9 full 9:2 29:15 full-time 42:21 43:13 functioning 74:13 funding 45:3 further 23:23 48:18 55:18 74:25 88:13 future 22:2 84:24	75:2 76:14 84:24 86:6,8 87:4 good 23:21 35:15 84:4 graduate 43:7 44:20 groups 8:13 Grove 44:11 guess 22:18 54:2 57:7 66:5 guns 20:21 58:9 guy 24:20 34:24 62:9 83:10 guys 70:4
	<b>E</b> E 3:1,1 earlier 5:7 24:14 39:17 early 72:24 85:1 East 2:13 effect 53:2 84:2 effective 60:14,19 76:8 effectuate 11:10 eight 36:22 Eighth 19:8 either 4:11 40:3 54:4 75:3 78:3 Electronic 92:14 elevate 9:9 Elk 1:15 89:4 else's 63:20 email 4:14,16 5:18 10:11 10:17 15:24 22:9 29:20 39:9 91:13 eMD 17:12 26:21 27:9 29:15,24 56:5 57:8 eMDs 17:4 26:14,14 emergency 51:13 emotional 21:25 86:10 emotions 21:24 86:8 employed 33:15 56:13 employee 89:8,9 enable 35:11 encounter/chart 91:21 ended 42:12 enforcement 49:17 English 10:10 20:3,3 42:4 42:19 48:7 Ensign 2:9 ensure 11:3 84:14 environment 43:16,17 51:9 environments 51:12 Envision 1:25 equipment 68:22 especially 73:17 essentially 9:10 74:11 established 72:23 et 1:6 90:7 evaluate 62:3 evaluated 62:11 eventually 36:13 42:16 43:2 eventuated 4:18 everybody 9:7 evidencing 61:7 65:4 exactly 66:9 EXAMINATION 4:1 71:16	<b>F</b> face 14:15 31:9,9 73:15,15 82:11,11 face-to-face 46:9 facilities 14:4 33:23 42:14 55:5 facility 9:24 70:25 fact 12:23 24:7 25:16 28:14 30:3 31:8 49:22 69:12 71:3,8,19 75:5,13 factor 46:23 57:18,22 58:10,25 59:4,12 factors 6:1 22:9,16,20 31:25 35:11,16 36:21 52:23 64:13 65:4 83:14 84:16,18 fail 84:20 fait 68:1 familiar 40:10 41:1 families 49:25 famous 61:20 far 17:2 31:9,17 37:12 69:14 71:10 fashion 78:15 February 47:3 feel 79:24 feeling 21:16,17 24:15 87:3 feelings 59:12 84:23 fell 43:3 45:2 felony 20:19 felt 20:19 field 6:10 40:15 fight 77:11 file 18:5 30:19 57:14 70:15 fill 31:3 55:22 56:1 filled 24:13 55:14 66:12,13 75:17 filling 63:8 financially 89:10 find 19:18 41:8 90:8 finish 10:15 36:14 first 3:21 21:1 35:11 40:5 43:18 52:15 65:9 71:7 89:5 fits 35:14 five 34:4 36:20	<b>G</b> G 3:1 gal 34:24 Gamma 21:19,19 Gaskins 2:3,23 gen 65:22 general 10:19,21 11:5 14:25 23:21 64:7 generally 13:6 Gerard 43:21 gesture 12:12 Gesturing 88:9 getting 20:23 22:1 24:15 30:23 42:22 72:21 73:19 gig 44:8 give 44:19 46:10 60:5 63:23 70:6 73:17 gives 14:13 17:21 giving 20:20 58:9 68:10 77:25 go 7:7 8:7 10:8,15 17:22 18:1 20:11 21:9 22:4 42:2 44:15 55:16 65:9 65:22 67:8 68:19 69:7,9 70:18,21 72:4 73:15 78:9 81:9,13,14,16 83:1 84:24 85:1 goal 22:1 goals 22:2 going 21:7,23,23 22:2 23:24 24:9,10,12 34:13 35:12 39:12 67:16 68:13	75:2 76:14 84:24 86:6,8 87:4 good 23:21 35:15 84:4 graduate 43:7 44:20 groups 8:13 Grove 44:11 guess 22:18 54:2 57:7 66:5 guns 20:21 58:9 guy 24:20 34:24 62:9 83:10 guys 70:4 <b>H</b> Hamilton 48:17 Hamline 42:4 43:13 HAND 89:15 handled 75:3 hands 80:3 handwriting 18:9 19:12 25:21 27:15 handwritten 15:16 hanging 38:7 78:7 Hansen 33:3 happen 12:4 81:24 happened 40:2 42:23 52:8 70:15 75:14 77:18 78:6 happening 24:18 67:12,14 74:2 85:8 hard 8:17 51:11 harm 85:3 Hayes 40:13 52:14 53:7 HCL 91:10 head 5:19 11:12,18 22:21 80:20 heading 12:1 health 5:25 7:5,6,21 8:5 8:23,25 9:20,23,25 10:21 11:15 12:10,13,25 18:12 20:6 21:2,11,13 27:13,24 28:2,20 31:12 31:14,21,24 32:4,7 34:11 35:4 36:16 37:4,9 38:15 51:19 52:2 53:21 54:4,14,19 55:4,12,12 55:19 58:7 62:16 63:12 64:1,7 65:4,15 66:4,24 67:4,21,22 68:9 71:18 73:18 74:6,10,18 76:3 77:2,24 78:2,16 86:14 91:16 heard 39:24 41:7 61:13 68:21 hearing 62:8 Heather 33:4 hedging 35:24 Heights 44:11 held 18:4 help 21:10 24:17 73:6 74:12 helped 87:25,25 helpful 42:19 64:9 78:22 79:2,23,24 helping 79:25 helps 21:22 high 5:25 13:23 14:23 22:14,20 43:7 73:24 higher 13:19 34:7 highest 8:25,25 history 4:12 20:18 75:6 Hiveley 2:8 3:13,13 74:24 77:13,15 88:16 Hm 42:8 76:19 87:16 Hold 77:15 Honestly 21:4 86:12,14 hopelessness 59:12



Michael Robertson  
6/20/2019

Page 95

65:20 horrible 73:12 hospital 70:16,24 hospitalized 78:5 hour 65:7,12 hours 21:18 33:25 63:19 housing 64:2,8 65:23 77:12 hundred 13:25 hung 29:9,13 30:3,12 67:6 67:24 68:16 69:18,24 71:4 hurdle 35:11 84:10 hurdles 55:3 hydroxyzine 60:13,14,22 76:11 91:10 hygiene 58:2 hypothetical 11:24	insured 45:3 intact 64:23 68:7 intended 10:2 44:19 intends 52:18 interacting 64:14,16 interactions 34:18 interest 21:8 89:11 interested 89:10 interesting 49:10,14 interrupted 69:9 interview 25:3,10 Inventory 13:10 14:4,8,16 14:22 15:5 24:25 27:20 48:9 49:12 84:8 Inventory-II 91:8 Inver 44:11 involve 49:5 59:18 involved 5:24 33:4 34:25 56:12,15 73:9 involvement 31:25 45:23 irritated 21:25 irritation 86:9 Isais 32:14 Isanti 44:14 isolated 64:18 isolation 57:25 issue 8:18 21:15 issues 7:16 12:19 36:8 65:4,15 73:16 it.' 21:5 item 84:16 Iverson 2:8	11:25 13:2,20,25 14:1,5 15:15 16:7,16,17,22 17:7 18:15 23:9,9 24:19 24:21 25:8 26:23 28:7 28:14,17,19,23 29:2,16 29:16 31:17 32:9,9,16 32:19,24,25 33:8 34:10 35:12,14 36:1,2,5,6 37:6 37:12,13 38:1,14 39:8 39:15 40:8,9 46:5 49:1 50:11,18,19 51:21 52:9 52:20 53:20 54:2,12 55:4,7,13,15 58:16,20 59:2 60:14,17,18 61:6 62:5,12,19,25 63:3,10 63:23 64:2,6,9,12,18 65:3,13 66:6,6,7,8,18,23 67:7,11,17,19 68:1,3,3,6 70:7,13 73:3 75:14 76:9 76:24 77:8,11,14,17,20 78:23 79:12,19 80:5 82:1,17 84:1,6 86:23,23 86:24 87:17 88:5	looks 17:3 24:10,10 56:23 57:4 60:12 66:15 74:1 84:21 lost 74:16 lot 13:14 14:15 35:2 36:21 47:19 48:16,17 50:24 60:16 73:2,11 84:11,13 85:10 lots 72:22 loud 30:5 love 43:3 47:15 loved 58:23 LP 1:10 3:20 89:4 90:3,25 Lynas 1:3,4 2:2 4:4,17 5:6 15:23 19:25 30:21 31:2 31:5,8 34:9 37:24 38:1,5 45:14,24 46:11 50:15 51:16 56:21 58:12 60:11 66:3 68:16 70:10 71:9 72:16 75:15 82:19 84:19 90:6 Lynas' 13:10 41:18	55:19 58:7 62:16 63:12 64:1,7 65:4,15 66:4,24 67:4,21,21 68:9 71:18 73:18 74:6,10,18 76:3 77:2,24 78:2,16 86:13 86:13 91:16 mentioned 35:25 74:3,6 met 6:1 24:1 28:17 63:7 84:12 MG 91:10 MHW-15 8:23 22:19 Michael 1:10 3:4,20 89:3 90:3,25 mid-'90s 14:17 Mille 33:17 milligrams 80:11,19 mind 21:23 57:9 64:13 84:10 86:6 mindful 34:23 Minneapolis 2:5 Minnesota 1:1 42:8 43:21 44:10 54:17 89:1,4,22 90:1 minute 16:22 35:20 minutes 9:7 68:5 Mischaracterizing 80:7 misstates 86:3 MMPI 49:8 MN 1:15 2:5,9,14 model 45:13 47:16 moment 62:13 Monday 34:5 71:24 72:13 81:10,20 monitored 64:24 monitoring 51:17 79:9 months 4:17 20:23 21:6,9 39:17 mood 58:25 moods 74:11 morning 81:10 moved 65:5 70:18 77:11 77:18 multiaxial 31:4 multiple 24:9
idea 33:12 61:23 67:11 ideation 8:15 ideations 11:8,19 identified 10:18 identify 35:10 identifying 84:11 II 14:22 immediate 63:19 immediately 39:23 69:3 72:5 impartiality 89:12 important 13:2 58:23 66:18 impressed 51:6 inbox 72:13 incarcerated 39:23 included 10:17 46:6 incomplete 11:24 inconsistent 25:11,13 increase 65:14,17,17 increased 57:25 increasing 11:21 INDEX 91:1,6 indicate 18:18 23:3 52:16 79:5 81:3 indicates 22:22,24 23:13 24:20 27:23 indication 75:24 76:2,6,20 79:14 indicator 23:21 indirectly 57:21 individual 14:12 15:14 52:17,22 69:17 individuals 8:20 13:18 info 12:16 inform 73:6 information 7:12 12:17,23 14:13,14 20:9 41:1,15 41:18,20 46:24 58:18 62:9,12 63:23 65:12 68:3,11 73:10,23 79:10 84:2 informed 8:5 33:10 40:5,9 68:16 initials 18:13 53:23 initiated 31:24 inmate 15:14 20:1 31:20 52:17,21 69:24 77:5 inmates 12:10 37:20 input 56:16 60:5 inquiry 7:15 insight 34:16,20 insomnia 21:22 58:4,6 86:5 institution 65:24 76:25 instrument 48:13	J J 2:12 jail 1:14 4:5,19 7:2,8,24 13:22 20:25 24:12 30:22 31:2,6,16 32:4 33:13,19 34:6 37:10 38:12 39:18 40:10,16 52:14 53:1,5 58:14 64:1 67:23 68:20 jail's 32:11 jailing 42:11,25 jails 33:14 43:18 53:14 55:9 James 1:4 4:4 13:10 15:23 19:25 30:21 31:1,5,8 38:5 45:14,24 46:11 58:12 60:11 66:3 Janet 1:24 89:3,21 Jason 2:8 3:13 jasonh@irc-law.com 2:10 Jennie 66:10 job 55:17 jobs 42:21 JRT/KMM 1:2 judgment 73:7 June 1:11 3:5 89:4,15 90:7 juvenile 42:13,14 43:18 juveniles 42:10,11,17,25 43:2,5	knowing 52:8 knowledge 30:18 known 5:8 12:23 23:10 65:8 69:16 70:2 knows 54:23 Korea 15:5,9	M M 2:8 maddening 21:22 86:5 magnifying 24:17 making 79:11 male 19:25 maltreatment 49:25 manager 43:25 mark 19:15 79:15 marked 2:25 master 44:3 master's 42:22 math 37:3 matter 49:16 75:13 90:6 Mayo 43:10,11 61:14 80:10,14,17 mean 4:13 8:8 15:4 22:25 34:11 35:7,24 37:4 39:6 48:3 50:24 51:23 52:14 62:2 63:16 74:9 76:23 78:1 83:24 meaning 23:1 means 7:7 11:14 54:24 meant 53:23 measuring 56:10 med 30:24 61:5 79:11 medical 6:2,4,6,8,10,23,24 7:1 13:4,7 17:10 41:9 53:20 59:18,22 60:7,20 61:16,23 62:7,18 64:1 67:20,22 75:10,25 76:17 77:2 78:2,15 80:3 81:8 83:9,17,18,21 91:23 medication 30:20 66:2 72:21 79:21 medicine 61:8 meds 68:10,10 79:22 meet 20:8 73:14 82:9 meeting 33:7 81:10,13 Memorial 50:19 MEnd 2:11 3:12 33:14,23 41:3,6 47:1,3,9,14 50:14 54:21 55:5 56:13 80:18 91:16,18,23 MEnd's 31:19 mental 5:25 7:5,6,21 8:5 8:23,25,25 9:20,23,25 10:21 11:4 12:10,13,25 18:12 21:2,11,13 27:24 28:2,20 31:11,14,21,23 32:4,7 34:11 35:4 36:16 37:4,8 38:15 51:19 52:2 53:21 54:4,19 55:4,12	N N 3:1 name 3:7 4:8 5:8 19:18 46:22 69:15,17,20 70:2 70:6,13 national 40:10 53:1 Nearing 2:12 3:11,11 10:6 11:23 17:9,14,17,20,25 61:18 71:14,17 74:22 80:4,7 86:3 88:9,14,17 91:4 necessarily 24:19 31:22 41:12 51:8 54:6 67:2 need 6:15 8:21 13:4,7 14:10 23:20 35:1 41:16 88:6 needed 79:19,20,23 80:21 needs 23:23 82:17,18 NEO 49:14 neonatal 50:17 never 28:17 31:14 new 12:25 next-of-kin 1:4 Nineteen 27:14 Ninth 19:8 nod 48:5 Nodding 5:19 22:21 80:20 normally 75:8,8 82:8 North 50:19 Northwest 1:15 nose 38:1 45:19

Michael Robertson  
6/20/2019

Page 96

<p><b>Notary</b> 89:22 <b>notation</b> 26:14 27:21 71:19 75:2 78:21 79:1,3 82:3 <b>note</b> 2:23,25 6:7 15:16,17 17:4 18:14 19:16 24:6 25:2,10,20 26:20 27:9 29:23 46:12,14 70:6 73:4 75:8 81:19 82:14 83:8 85:21 86:10 87:5 87:13 88:3 91:21 <b>noted</b> 15:18,22 <b>notes</b> 17:22 26:2,21,23 51:3 56:5,5 57:8 75:6 83:23 85:3 <b>notice</b> 70:11 <b>noticed</b> 45:20 70:12 <b>noticing</b> 2:23 <b>November</b> 16:12 19:1,4 29:7 30:13,21 31:2,6,15 34:3,6 37:10,23,23 45:16 71:21 77:21 81:25 <b>number</b> 4:10,11,13 13:21 23:21 31:25 33:2 34:14 35:10,25 36:4 42:12,15 69:21 84:25 <b>numbers</b> 47:20 <b>nurse</b> 28:12,13,15 46:17 46:18 54:22 67:24 68:9 68:11 75:20 81:9 84:22 <b>nurses</b> 31:9,11 35:9 51:8 54:8,9,14 68:19 72:19 82:11,25 <b>nursing</b> 6:1 38:19 50:17 <b>Nystrom</b> 21:11</p>	<p><b>Olmsted</b> 42:9,24 <b>once</b> 37:5 <b>One's</b> 45:11 <b>ones</b> 43:20 48:14 58:23 72:4,9 <b>openly</b> 25:9 84:22 <b>opiate</b> 13:3 86:17 <b>opiates</b> 20:25 <b>opinion</b> 14:7 <b>opinions</b> 53:12 <b>opportunity</b> 20:14 <b>opposed</b> 6:11 <b>options</b> 85:1 <b>ordered</b> 80:18 <b>orders</b> 46:10 <b>ordinarily</b> 10:4 <b>organization</b> 44:13 <b>original</b> 2:23 79:7 <b>outfit</b> 61:13 <b>outside</b> 20:23 48:13 <b>Overly</b> 61:18 <b>overseeing</b> 44:12 <b>oversight</b> 47:12</p>	<p>40:3 41:8,11 55:19 58:9 63:22 64:6 65:3,14 66:19,21 68:25 70:22,23 71:4 79:24 83:3 <b>person's</b> 11:3 58:17 64:21 67:8 80:3 <b>personality</b> 34:20 35:18 36:2,11 49:9,11,12 <b>personnel</b> 41:6 78:16 <b>persons</b> 89:11 <b>perspective</b> 25:11 <b>Pfeifer</b> 17:20 19:16 50:6,8 51:15 67:24 83:22 84:4 91:21 <b>Pfeifer's</b> 29:23 73:4 74:5 <b>Ph.D</b> 45:8 <b>pharmacological</b> 60:8 <b>phone</b> 58:13,17 <b>photo</b> 91:11 <b>PHQ-9</b> 48:16 <b>physical</b> 11:4 <b>physician's</b> 28:15 53:24 54:3 <b>PI</b> 49:14 <b>Pickett</b> 33:4 <b>pieces</b> 5:13 73:2,11 <b>pills</b> 77:9,25 78:19,20 79:2 <b>place</b> 12:10 50:17 63:21 72:25 73:2 75:6 84:14 84:19 85:5 <b>placed</b> 5:25 22:19 31:23 36:8 42:14 51:20 <b>places</b> 64:11 <b>placing</b> 12:25 <b>plain</b> 10:10 <b>Plaintiff</b> 1:5 2:2 3:10 <b>plan</b> 11:9,10,20 25:10 85:7 85:9 <b>plans</b> 20:18 25:8 84:23,24 <b>plea</b> 24:16 <b>please</b> 3:7,16 7:19 18:11 19:22 36:14 <b>Plus</b> 21:12 86:17 <b>point</b> 32:21 60:17 70:14 86:18 <b>Pointing</b> 52:6 <b>policy</b> 31:18,19 54:21 <b>poor</b> 12:19 <b>poorly</b> 12:14 <b>pop</b> 65:22 <b>population</b> 14:25 47:15 53:5 64:8 <b>populations</b> 15:2 <b>position</b> 91:23 <b>possibility</b> 21:7 22:24 <b>possible</b> 60:5 <b>possibly</b> 16:3 33:3 36:25 46:1 <b>post</b> 78:7 <b>potential</b> 65:5 <b>practice</b> 15:13 28:13,15 54:8 71:23 73:14 75:10 <b>practitioner</b> 28:12 45:13 <b>pre-employment</b> 49:17 <b>precaution</b> 55:23,24 <b>precautions</b> 9:2,19,19,22 38:25 56:19 <b>Precautions/Manageme...</b> 19:11 91:18 <b>preceding</b> 90:8 <b>precipitously</b> 67:9 <b>precisely</b> 7:13 <b>prescribe</b> 59:14 <b>prescription</b> 76:11 91:10 <b>present</b> 32:18 <b>presume</b> 16:8,15 32:16</p>	<p>34:10 69:8 72:20 74:1 <b>presuming</b> 73:5 <b>pretty</b> 35:10,15 41:1 50:9 56:17 61:15 63:9 <b>previous</b> 20:7 59:3 <b>previously</b> 8:3 <b>primary</b> 20:2 <b>prior</b> 10:17 26:18 33:8,9 33:15 36:1 44:6 73:24 83:6 85:19 <b>prisoner</b> 69:21 <b>PRN</b> 79:23 <b>proactive</b> 12:11 34:12,24 <b>probably</b> 13:12 15:2 22:18 26:23 27:12 29:18 32:13 33:3 38:9,9 42:9 50:12 55:18 65:8 68:22 72:22 84:1 86:2 87:7 <b>problem</b> 58:7 <b>problems</b> 41:22 <b>process</b> 31:21 63:10 71:23 73:19 <b>professional</b> 7:5 31:15 37:9 44:16 54:19 63:12 89:21 <b>professionals</b> 31:12 36:17 <b>program</b> 42:10 50:3 <b>programs</b> 42:17 44:10,13 <b>prompting</b> 39:10 <b>pronunciation</b> 33:9 <b>properly</b> 84:9 <b>Protecting</b> 43:15 <b>protocol</b> 86:25 <b>provide</b> 77:2 <b>provided</b> 17:15 30:20 31:1 <b>provider</b> 6:3,4,7,8,23 7:1 35:5 41:9 53:21 54:4,23 60:7 61:23 62:7 67:22 75:25 76:3 78:16 83:17 83:18,21 91:23 <b>providers</b> 55:4 59:18,22 62:19 64:2 <b>provides</b> 14:14 <b>provocative</b> 35:22 <b>provoke</b> 34:18 <b>PS</b> 12:21,22 <b>psychiatric</b> 54:9 <b>psychiatrists</b> 59:17 <b>psychological</b> 6:11 25:11 31:1 <b>psychologist</b> 49:23 <b>psychology</b> 44:22 <b>psychometric</b> 14:19 47:24 <b>psychotherapy</b> 30:25 <b>psychotic</b> 8:20 60:1 <b>PsyD</b> 1:10 3:20 45:7 89:4 90:3,25 <b>public</b> 54:14 89:22 <b>purpose</b> 58:16 64:20 74:18 <b>purview</b> 59:15 69:5 <b>put</b> 10:10 11:12,16 23:12 36:13,13 52:4 55:17 59:20 62:10 70:15 71:25 72:17 79:19 <b>putting</b> 22:3 80:2</p>	<p><b>questioning</b> 51:22 <b>questionnaire</b> 26:5,9 92:6 92:9 <b>questions</b> 12:18 16:23 71:13 74:24 88:13,16 <b>quicker</b> 35:1 <b>quickly</b> 67:9 <b>quote</b> 7:25 51:17,20 57:22 86:14</p>
<p><b>O</b></p> <p><b>O</b> 3:1 <b>oath</b> 3:17 55:11 <b>object</b> 77:16 <b>Objection</b> 10:6 11:23 61:18 80:4 <b>observation</b> 9:1 <b>observe</b> 50:22 <b>obvious</b> 13:4 <b>obviously</b> 28:25 32:24 36:5 <b>occurred</b> 8:10,11 29:21 31:23 38:10 41:6 62:20 <b>October</b> 44:24 <b>offender</b> 50:1 <b>offenders</b> 50:1 <b>offer</b> 56:16 <b>office</b> 40:24 <b>officers</b> 38:14,23 63:24,25 68:8 <b>oftentimes</b> 4:7 31:23 46:20 48:23 58:24 62:3 70:22 73:23 83:1 85:5 <b>oh</b> 10:9 16:25 19:18 22:16 30:2 36:15 53:8 56:25 57:2 69:9 <b>okay</b> 4:23 7:6 9:23 11:18 12:5 13:9 15:3,21,25 16:21 17:3,19,24 19:10 24:22 25:18 27:11 28:19 30:7,10 34:11 39:2,16 42:1 43:15 44:18,21 46:7 49:19 50:10 53:4 54:3 59:3 61:11,21 63:13,22 64:4 65:2 66:14 68:15 69:25 71:7 74:22 76:15 77:8 78:9 80:22 81:3 82:14,16,22 83:17 85:12 87:12 88:12 88:15</p>	<p><b>P</b></p> <p><b>P</b> 3:1 <b>p.m</b> 5:4 57:12,15 88:19,22 <b>PA</b> 28:15 53:24 <b>PACE</b> 42:9 43:15 <b>pack</b> 76:12 77:9 91:11 <b>packet</b> 31:3 63:8 73:18 74:7,10,18 87:18 <b>page</b> 66:16 90:10 <b>pages</b> 17:8 90:8 91:8 <b>PAI</b> 49:13 <b>Pantzke</b> 32:10 <b>paragraph</b> 7:18 8:24 12:8 <b>parens</b> 5:22 <b>parenthesis</b> 8:2 <b>part</b> 10:16 17:14 19:23 21:14 24:3,18 48:25 54:25 68:22 70:20 86:19 87:17 <b>part-time</b> 42:20 <b>participating</b> 74:15 <b>particular</b> 5:9,12 29:2 46:19 82:6 <b>parties</b> 89:8,11 <b>partway</b> 86:19,22 <b>party</b> 2:23 <b>pass</b> 45:18 <b>passing</b> 45:15 <b>Pat</b> 32:13 33:4,5 <b>path</b> 48:19 <b>patient</b> 4:10 5:20,24 15:23 20:4,9,10,13,16,17 21:4 21:5,15,25 22:5 25:5 38:11 61:24 62:1,17 63:14 73:21 82:17,18,19 <b>patient's</b> 20:6 <b>patients</b> 4:7 34:13 48:10 64:14 85:5 <b>Paul</b> 2:14 <b>paying</b> 4:22 <b>peak</b> 72:6 <b>people</b> 8:14,19 9:24 33:2 35:6,8 36:19,22,23 38:21 47:20 53:11 58:22 59:20 64:15,15,16 68:6 68:12 <b>period</b> 16:17 33:16 37:23 38:6 45:25 <b>periods</b> 51:12 <b>person</b> 9:25 11:7 12:1 28:8 35:2,17 36:1,11 37:5 38:15 39:13,13,25</p>	<p><b>Q</b></p> <p><b>qualifications</b> 53:20 54:7 <b>qualified</b> 31:11,14 35:4 36:16 54:4,18 <b>question</b> 9:3 14:5 30:11 45:21 60:19 62:7 78:10 79:7</p>	<p><b>R</b></p> <p><b>R</b> 3:1 <b>raised</b> 41:23 <b>Ranch</b> 44:14 <b>range</b> 51:10 <b>rated</b> 14:19 <b>rating</b> 14:23 <b>rbennett@gaskinsbenn...</b> 2:5 <b>reach</b> 13:23 <b>reaction</b> 68:24 69:12 <b>read</b> 5:11,22,23 7:18,20 12:7,9,22 18:11,12 19:16,21,25 20:13 22:19 25:2 30:1,8 40:18,18 49:24 73:4 87:3 88:17 89:13 90:4 <b>reading</b> 4:21 51:23 <b>ready</b> 16:23 40:25 <b>realize</b> 60:20 76:25 <b>realizing</b> 34:19 67:24 <b>really</b> 4:22 35:3 48:18 60:2 77:23 <b>reask</b> 31:19 <b>reason</b> 41:23 82:20 90:10 <b>reasoning</b> 72:15 83:4 <b>recall</b> 4:6 13:18 14:7,8 16:4 28:24 39:21 69:11 71:2 73:3 85:24 <b>recalling</b> 85:2 <b>receive</b> 72:16 <b>received</b> 17:6 44:3 <b>Recess</b> 57:13 <b>recognize</b> 80:14 <b>recollection</b> 39:19 <b>record</b> 3:8 7:19 17:10,12 17:15,23 18:1,2,4,6 19:21 26:25 57:11,15 67:4 76:18 80:8,23 81:8 81:24 82:3 83:9 84:7 85:14 86:3 89:7 <b>records</b> 29:24 <b>Recovery</b> 21:11 <b>refer</b> 8:24 62:3 <b>referenced</b> 2:25 91:8,11 91:14,16,19,21,24 92:2 92:4,7,9,12,14 <b>referring</b> 55:15 88:7 <b>referral</b> 27:25 28:2,9,20 41:24 53:21 55:12 62:4 62:16 63:2 66:4,24 67:1 67:5 69:18,20 70:1,14 71:18,25 87:18 88:4 91:16 <b>referrals</b> 59:17,22 73:21 81:16,17 <b>referred</b> 4:13 16:14 41:8 69:5 81:5 86:1 <b>referring</b> 22:8 29:17 62:9 62:14 <b>refers</b> 61:24 <b>reflection</b> 13:1 <b>reflects</b> 80:23 <b>refused</b> 79:15 80:2 <b>refusing</b> 79:14 <b>regard</b> 15:22 51:16 53:4</p>	



Michael Robertson  
6/20/2019

Page 97

<p>81:24 86:12 regarding 4:4 5:16 38:5 46:19 54:18 regards 5:12 registered 5:10,11 89:21 regular 33:25 56:18 regularly 9:7 regulated 12:14 related 8:19 12:14,19 47:18 relative 85:16 89:8,9 relay 12:17 relayed 5:24 relaying 68:22 release 85:2 relevant 46:23 relying 82:12 remarkable 45:4 remember 4:9 7:11 22:14 28:23 32:1 37:8 45:18 46:18 86:6,7 repeat 83:7 repeated 84:25 report 21:12 85:4 reported 14:3 89:3 reporter 1:24 3:16 6:18 89:21 reports 20:19,22,25 21:5 21:16,17,22 22:1,5 86:5 87:3 represent 71:21 require 9:6 required 54:22 requirements 11:1 research 40:11,13 53:11 reserved 89:14 residential 42:13,14,17 50:2 resign 47:7 resource 40:25 respond 67:7 75:21 78:4 responded 20:16 67:25 responsible 77:5 restrict 78:10 restricted 65:25 retaliatory 34:21 returned 20:4 returning 21:15 Reuvers 2:8 review 4:7 13:12 16:22 29:15 72:5 81:4,9 84:15 reviewed 15:15,19,22 16:1 19:1 20:6 26:18 27:4,21 81:19 82:4 87:15 88:2 reviewing 16:25 30:10,19 right 5:2,17 6:12 7:6 9:11 13:17 17:14 18:21 23:8 29:4,8,10,12 37:16 42:5 43:24 44:1,9,12,16,22 45:1,4,7,9 46:4 52:7 54:25 57:5 60:10 62:24 64:11 67:13 69:7,22 74:8 77:25 79:7,15 80:19 84:5 86:1 87:7 89:13 ring 50:20 risk 6:1 17:17 20:7 22:9,16 22:20 27:17 35:3,8,10 35:15 51:17 52:10 55:20 55:24 56:1,4,13,20 57:18,22 58:10,22,25 59:3,12 65:4 66:25 67:8 92:1 risks 9:25 River 1:15 89:4</p>	<p>RNs 56:13 Robert 2:3 3:9 Robertson 1:10 3:4,20 4:3 89:4 90:3,25 Rochester 42:8 43:10 61:11 roof 87:5 roof.' 21:17 room 51:14 rotating 50:11 rough 20:22 routine 18:19 48:13 63:9 68:8 routinely 75:5 RPR 1:24 rule 54:17 rules 9:6 run 50:11 running 42:16</p> <hr/> <p style="text-align: center;"><b>S</b></p> <hr/> <p>S 1:6 3:1 90:6 saw 26:15 27:24 31:14 55:13 saying 11:7 29:14 58:12 78:8 82:1 says 17:4 19:1 52:20,21 52:22 66:16 80:13 86:12 scaffolding 63:21 scale 23:16,18 scenario 72:18 schedule 46:22 50:12 72:7,10 81:7 82:23 83:2 scheduled 18:12,16 29:1 29:3,6,19 30:15 40:7 46:16 69:1,13 70:2 71:3 71:8 72:5 82:23 scheduling 46:2 81:6 82:13 83:5 school 42:20 43:7 44:20 science 44:4 45:13 score 13:10,19 20:4 22:22 22:25 34:7 54:21 scored 20:5 84:9 scores 14:4,8 scoring 23:12,16,18 screen 35:13 55:17 screened 48:19 screening 27:17 48:17,20 56:1,4,14,20 66:12,25 92:1 SEAL 89:15 second 8:7 52:16 see 15:21 17:4 35:21 36:19 37:18 40:7 45:14 46:12 62:1 63:17 70:6 70:11 75:17,20 76:6 79:1,3 81:5 83:1,2,18 84:9,20 seeing 45:18 47:21 48:21 71:23 85:24 seen 20:10 26:23,24 27:5 31:8 39:25 40:3 62:4,17 63:1 67:19 69:1 70:4,22 70:24 71:4,9 75:24 76:2 82:17,18,19 83:19,22 sees 73:25 self-injurious 8:14 self-injury 11:11 sense 73:19 74:12 sensitive 15:9 sensitivity 14:20,23 sent 39:8 55:11 sentence 5:22 12:7,20 73:12 sentenced 85:7</p>	<p>sergeants 38:20 serious 13:4,7 34:15 services 24:17 44:16 set 47:18 setting 82:9 Seventh 2:4,13 19:6 severe 13:6,8 22:22 23:13 24:8,13 25:12 61:7 severely 57:17 65:24 sex 49:25 50:1 share 68:11 shared 12:24 13:1 sharing 74:15 she'd 50:16 51:4 sheet 26:12 70:14 87:21 92:11 Sheets 92:4 shelters 42:16 Sherburne 1:14 2:7 3:14 4:5,19 7:2,8 9:13 10:4 13:22 23:17 32:1,4 33:13,18 37:10 39:17 45:15 58:14 67:22 76:25 sheriff 32:15 Sheriffs 44:10 shoot 20:21 58:10 short 33:16 short-term 61:3 shortly 50:14 show 17:23 51:24 66:11 66:17 70:10 showed 46:21 83:23 showing 4:15 18:8 56:22 76:10 80:25 shows 76:10,17 shut 68:20 sic 40:21 50:3 56:23 63:3 side 44:17 sign 57:23 88:17 89:13 signed 29:1 88:4 significant 8:15 73:22 simply 12:22 23:1 single 84:16 site 62:8,11 situation 45:4 62:2 64:25 65:6 skill 47:18 skills 43:1 skimmed 29:22 skip 19:23 sleeping 58:6 small 42:16 sober 21:1 social 34:18 57:25 sold 20:20 somebody 23:22 39:19 63:16 sooner 31:24 63:1 sorry 4:21 6:17,22 30:10 36:15 39:15 48:2,4,4 57:19 63:3 68:15 78:11 sort 38:10 44:19 45:3 57:3 sorting 35:15 sorts 52:23 Sotto 42:1 sounds 40:6 86:16 South 2:4,9 speak 6:15 66:7 71:22 78:25 speaking 42:1 84:22 special 19:11 38:25 64:8 65:23 77:12 91:18 specialty 54:7,16 specific 10:24 11:1 15:10 26:20 53:4 78:1 88:3 specifically 4:6 16:4 73:3</p>	<p>specificity 14:20,23 spoke 39:15 spot 72:25 spring 44:4 ss 89:1 90:1 St 2:14 44:14 stabilization 85:15 stabilize 85:9 stabilized 72:21 73:17,25 84:15,19 85:11 stable 72:25 73:20 staff 16:2 25:9 32:2 34:23 38:9,19 64:1 67:20 68:21 70:3 85:4 standard 11:16 73:14 stands 72:6 Stang 1:6 90:6 staple 17:3 19:14,15 start 12:13 31:21 66:19 started 31:3 starting 12:8 29:25 66:1 state 1:1 3:7 43:19 44:5 56:10 89:1 90:1 stated 20:16,23 21:4 statement 12:12 52:12,16 states 1:1 15:10 86:14 statistics 14:3 status 9:1,13,18 11:22 12:3 stay 30:21 31:2,6,16 51:11 Stearns 33:16 41:5 stock 76:13 stop 8:7 55:2 stopped 47:3 stopping 47:6 straight 35:12 Street 2:4,13 stress 60:17 stressed 21:18 stressful 50:23,25 51:13 struggles 84:23 struggling 23:22 student 43:13 studied 53:10 studies 52:15 53:1,13 study 40:19,19 submitted 46:21 subsequent 12:11 substantial 89:12 substantiated 14:9 Sudden 58:25 suffer 59:9 suffering 21:4 86:15 suffice 12:16 82:12 sufficiently 30:8 suggest 85:10 suggests 15:8 suicidal 8:2,9,14,15,16,21 11:9,19,21 12:3 20:13 22:6 52:23 suicide 4:5,19 5:6 7:22,25 8:10,10 9:2,18,19 10:3 10:18 11:5,7,13 12:12 12:12 20:7,18 27:17 32:3 35:3 37:22 38:6 39:16 40:11 41:5 50:14 51:18 52:3,10,14,18 53:1 55:20 56:1,4,13,20 57:18,23 58:22 59:3,4 65:5 66:25 67:8 69:2 74:4 75:17 92:1 suicides 40:2,16 Suite 2:4,14 Sunday 71:22 supervision 50:3 supplemental 17:11</p>	<p>supposed 38:22 63:23,25 68:6 supreme 35:13 sure 7:20 9:12 10:25 13:25 22:12 25:1,1 27:16 29:13 36:3,3,10 54:20 57:10 64:20 65:21 67:11,15 73:10 79:21 84:19 surfaced 70:9 surprised 39:22 51:7 suspect 12:18 14:18 32:10 sworn 3:19,21 89:5 symptom 60:3 symptoms 8:20,21 13:3 24:17 34:14,15 59:24,25 60:1,6 84:11,22 system 23:12</p> <hr/> <p style="text-align: center;"><b>T</b></p> <hr/> <p>T 1:10 3:20 89:3 90:3,25 tab 91:10 tablet 80:19 take 16:22 22:25 51:3 56:19 57:9 79:25 80:18 taken 12:15 57:13 70:14 77:8 90:5 takes 35:20 79:21 talk 28:5 62:21 81:11 talked 10:20 38:9 39:6 62:14,18 70:3 72:19 talking 4:9 25:9 36:23 47:23 57:20 75:16 76:23 87:8 taped 58:13 team 32:11 techs 68:10,12 76:23 79:10 telemedicine 55:9 tell 17:2 22:6 28:24 29:23 30:1 31:9 35:17 52:18 84:18 89:5 telling 24:23 temper 60:16 ten 29:12 72:2 tendency 89:12 term 7:25 10:19,22,24 11:15,17 terminology 32:3 63:18 terms 85:16 test 15:5 testified 3:22 17:21 testifies 51:16 testify 66:11 testifying 17:17 testimony 62:23 80:8 89:6 89:7 testing 14:19 47:18,23,24 48:24 49:2,4,7,9,11 50:2 tests 49:16 text 5:17 Thank 3:15 88:20,21 therapeutic 59:19 61:6 therapist 44:1,7 therapy 23:7 thing 22:5 45:2 56:11 76:13 79:9 things 8:16 10:20 24:9,15 34:21 35:2,25 36:4,6 42:2,15,24 47:17,19 48:25 52:25 64:9 68:13 69:6,7 78:6 84:14 85:10 85:20,25 think 4:7 5:15 8:18 10:14</p>
---	---	--	--	---

Michael Robertson  
6/20/2019

Page 98

10:16,19 14:10 16:19 23:20 24:1 27:1 29:17 32:9 33:2 35:5,9,16 37:5 37:14,14 39:8 41:25,25 42:23 43:17 45:20,22 46:14 47:15,16 48:12 50:16 51:8 52:2 53:2,22 55:13,14 56:9 60:16 63:6,7 64:16,17 65:8 68:9,18,20,21,24 69:15 70:12 71:12 73:9 74:13 74:16 75:16 78:1 79:7 79:10,22 84:1,6 85:24 86:18 87:13,20,21,23,25 thinking 25:8 62:6,7 72:22 thinks 21:8,14,14 Thompson 66:10 76:16 thorough 73:13 thought 12:16 48:24 51:2 51:4 53:8 74:17 78:4 thoughts 20:13 21:23 22:6 68:24 86:8 thousands 35:6 three 24:14 50:12 63:20 72:1 76:12,17 77:9,25 78:19,20 threshold 23:20 55:1 throw 13:20 thrown 79:8 time 3:5 5:10 6:5,15 7:8 13:13 14:12 16:2,17 20:22 21:1,12,20 26:22 29:2,18 32:12 37:7,9 38:6 39:6 42:20 43:3,19 45:15,24 48:21 51:12 63:9 68:19 69:16 70:9 70:12 71:7 73:8,20,25 81:7 84:2 88:4 times 14:21 44:9 48:11 80:11 84:25 title 7:4 today 26:18 73:4 82:18 Today's 3:5 20:1 told 83:22 84:4 tomorrow 82:18 tool 14:14 24:19,24 25:2 tools 14:10 48:18,21 49:14 top 72:2 touch 34:17 train 74:16 trained 35:10 training 56:12,15,17 trait 56:10 transcribed 89:6 transcript 1:9 2:23 89:13 90:5 transferred 65:11 70:23 transmitted 41:18 treat 46:8 60:4 treatment 21:9,12 22:2 45:24 46:4 50:2 58:7 84:25 Tried 38:10 true 11:18 14:24 30:19,25 31:4,7 61:1 67:15,18 73:6 79:18 81:1,4 82:5,7 84:1 85:22 89:7 90:8 Trustee 1:3 truth 89:5 try 56:6 59:24,24 60:2 62:12 74:13 trying 8:16 19:18 24:16 35:7,24 50:16 60:5 78:13 87:8,24 88:10,11 Tuesday 21:6	turn 48:7 TV 21:21 twenty 40:21 47:1 twice 37:6 80:19 two 40:2 50:12 63:15 type 6:24 47:12 49:2,4 59:25 typewritten 90:4 typical 15:12 typically 4:12 6:12 15:12 15:16,20 28:25 34:1 41:13 49:3,4 64:3 71:25 72:3,7,11 73:14 75:3 81:3,7,20,22,23,23 82:8 82:10 86:25 87:13  <b>U</b> uh-huh 23:15,25 33:20 41:2 47:25 48:24 51:5 54:1 57:19 59:11,23 68:14 70:8 80:16 86:1 87:10 Ultimately 32:15 um 5:11 6:5 7:13 8:12 13:20,23 14:12 16:1,13 22:13,18 24:9,12 25:19 28:12,21,23 29:11,14,19 32:6,16 34:13 36:21,25 39:8,8 47:16 50:7 55:13 55:21 64:5 66:5,8 70:19 72:18,23 87:15 unclear 41:15,17 understand 9:3,6 14:5 28:2,10 31:18 39:11 55:10 56:7 60:22,25 62:23 70:20 understanding 7:23 10:9 16:1,11 48:5 60:3 understood 11:6 41:22 68:14 unhelpful 79:6 unit 21:19 65:10,11 72:20 United 1:1 15:10 University 44:24 unparenthesis 8:4 unquote 8:1 unusually 41:14 urgency 66:3 urgent 28:3,20,22 55:12 63:18 72:3,3,4,9 73:21 81:16 urgently 63:14,17 83:18 83:22,24 use 10:3 15:4 20:25 21:10 23:20 32:2,7 36:7 48:13 48:14 49:13 usually 48:22 63:9 74:13  <b>V</b> vague 39:19 validity 14:15 valuable 65:12 66:22 various 44:9 59:20 91:13 verbal 46:20 87:21 verbalized 72:23 88:3 versus 10:18 37:5 56:10 64:17 video 1:9,25 3:3 6:19 18:2 57:11 88:18 89:3 90:5 Videographer 1:25 3:3,15 18:2,5 57:11,14 88:18 view 14:2 60:6 viewed 12:22 visit 20:1,7 29:3 30:16 vitae 42:3 88:7	voce 42:1 vs 1:5 90:6 vulnerability 12:15  <b>W</b> W 1:3 2:2 Waagmeester 28:6 55:10 62:21 66:2 76:16 wait 4:21 83:10,13 waiting 72:15 walks 21:21 want 8:17 17:18,23,25 20:11 52:1 64:6 65:3 66:23,24 79:20,21 wanted 7:12,20,25 47:17 48:7 55:16 83:18,22 wanting 57:21 wants 73:21 warning 57:23 Washington 89:2,22 90:2 wasn't 4:21 5:9 7:13,13 24:15 28:22 40:5 46:23 67:5 77:23 87:19 watch 8:5 9:20,23 10:3,18 11:13,15 12:25 32:3,5,7 38:15,24 51:18,20 52:2 62:10 63:24 64:7,20 68:9 73:1 watch' 7:22 Watch-15 5:25 7:6 8:23 10:21 watch,' 7:22,25 watches 8:22 11:3 12:10 12:13 21:21 31:24 34:12 36:9 64:10,12,18 78:18 watches,' 8:6 way 40:6 44:19 64:17 we'll 4:7 88:17 we're 16:19 18:5 51:19 57:14 we've 75:16 website 80:17 week 16:16 29:9 30:15 34:3,5 36:20,24 37:5,6 37:20 46:12 50:12 81:17 weeks 74:14 well-being 9:6 11:4 64:21 68:7 well-known 61:19 well-versed 53:10 went 21:6,12 42:20 50:19 85:20 weren't 6:22 76:23 when's 39:6 wide 51:10 Winberg 1:24 89:3,21 Winona 44:5 withdrawal 13:3 20:2 24:11 26:2,5,9,11 59:6 60:15 86:17,25 92:4,6,9 92:11 withdrawing 24:16 60:12 witness 3:19,21 11:25 41:2 61:19 77:14,17 80:5 88:10,15,21 89:5,7 89:14,15 word 52:3 worded 53:3 words 87:8 work 13:15,17 33:14,21 42:13 43:2,4,5 45:11 46:25 47:7,17,22 49:20 50:6 51:13 76:21 85:2 worked 33:13,16 43:20 44:6,9 55:6 76:20 workhouse 21:7	working 16:8,15,18 33:18 42:9,10 45:12 46:25 47:3 49:24 66:20 works 6:18,19 wouldn't 5:8 11:12 15:7 20:21 35:17 46:22 66:18 66:23,24 72:8 81:19 82:16 83:24 writer 20:6,8,14 writing 19:1 42:24 43:1 46:2 87:7 written 29:11 57:4 wrote 4:25,25 8:3 73:5 87:12,15  <b>X</b>  <b>Y</b> yeah 6:14 16:15 18:17 19:23,24 20:12 22:17,18 22:19 23:6,11,15,19 25:6,17 29:2 32:9,16 33:6,15 34:1,10 36:19 37:4,11,13,17,19,21 39:24 40:22 41:25 43:6 43:6,12,17 44:7 45:6,21 45:22 49:1 50:16,21,24 52:11 55:7,13 56:12 57:1,6 60:21 61:9,15,15 63:5 64:5,24,24 65:8,13 65:16,21 66:8,22,22 68:3 72:14 74:20 75:12 75:17 77:4 78:4 80:13 82:24 88:2 year 5:7 22:12 29:20 years 21:1 40:21 Youth 44:10  <b>Z</b>  <b>0</b>  <b>1</b> 1 20:5 91:8 1.5 20:23 21:1 1:28 88:19,22 10 4:16 5:1,2 23:14 91:7 100 80:11 11 29:12 63:1 76:10 80:25 82:19 83:10,14,24 91:10 11/1/17 57:2 92:9,11 11/1/7 56:23 11/16/2017 18:13 11/17 57:6 11/5/17 5:17 57:6 91:16,18 91:21 11/6 81:20 11/9/17 29:23 11:00 1:12 3:6 11:20 18:3 11:30 18:6 12 36:22 12:30 57:12 12:46 57:15 12010 4:10 5:20 15:23 13 4:14,15,17 16:20 91:13 13880 1:15 14 16:19 18:8 27:24 71:18 81:25 91:15 14th 81:25 15 19:10 68:5 91:18 15-minute 9:20 38:15 51:18 64:7 73:1 16 19:14 25:21 91:16,20	16th 27:5 29:7 37:23 69:1 69:13 70:10 71:9 72:17 77:20 78:8 83:5 17 27:13,14 56:24 91:23 18-cv-2301 1:2 19 91:19,21 1986 42:5 1990 40:19 44:5 1st 86:21  <b>2</b> 2 18:5 91:8 20 1:11 3:5 21:18 55:25 66:12 90:7 92:1 2003 44:24 2006 40:21 2013 20:19 2016 47:1 2017 30:21 31:2,6,15,15 34:3,7 37:10 40:3 45:16 71:21 2018 4:16 5:2 2019 1:11 3:5 47:4 89:4,15 90:7 20th 89:4 22 25:24 26:3 92:3 23 26:6 91:8 92:6 24 26:8 63:19 92:8 25 26:11 92:4,11 25th 89:15 26 26:16 29:24 92:7,9,12 92:13,14 27 91:24 2800 2:14 29 23:13  <b>3</b> 3 57:14 30 2:13 9:7 21:7 3000 2:4 31-year-old 19:25 333 2:4 36 55:1 66:16 3rd 66:13  <b>4</b> 4 91:14 4-71 91:2 4:00 34:2 4:30 36:20 4:57 5:4 40 36:23 37:18 54:22 55:1 43 13:11,19 20:4 22:22 34:7  <b>5</b> 5 71:21 5:00 34:2 50 80:11,19 91:10 55 92:2 55101 2:14 55330 1:15 55402 2:5 55438 2:9 5th 16:12 19:2 29:11 67:4 67:6,20,23 74:5 75:14 77:24 78:14 86:21 87:12  <b>6</b> 60 36:23 37:18 63 23:13 6th 19:4 87:13  <b>7</b>
--	--	--	--	--

Michael Robertson  
6/20/2019

Page 99

<div>7/17 92:6 7/6/17 92:4 7:00 34:1 36:20 7:30 34:1 71-74 91:4 74-88 91:2 76 91:11 7th 29:14</div> <div>8</div> <div>81 43:8</div> <div>9</div> <div>9 20:5 9321 2:9 96 14:17 9th 30:13 37:23 67:6,23 78:12,14</div>				
---	--	--	--	--